


<p><b>MAILING ADDRESS:</b></p> <p>STATE OF UTAH  DEPARTMENT OF HUMAN SERVICES  BUREAU OF CONTRACT MANAGEMENT  120 NORTH 200 WEST RM 213  SALT LAKE CITY, UTAH 84103  TELEPHONE (801) 538-4384</p> <p><b>HAND DELIVERY ADDRESS:</b></p> <p>STATE OF UTAH  DEPARTMENT OF HUMAN SERVICES  ATTN: ROSEMARY FRENCHWOOD,  PURCHASING AGENT  FIRST FLOOR INFORMATION DESK  120 NORTH 200 WEST  SALT LAKE CITY, UTAH 84103</p>	<p><b>Request for Proposals  Coversheet</b></p> <p><b>(Closed Ended RFP)</b></p> 	<p>Solicitation #: <b>DHS90331</b></p> <p>Publication Date: <b>Jan. 09, 2005</b></p> <p><b>DUE DATE: TUESDAY, FEB.  14, 2005 @ 3:00  P.M.</b></p> <p><b>Proposals  received after the  indicated due date  and time will be  late and ineligible  for consideration</b></p>
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The following information is included in this solicitation: General Information, Service Requirements and Expectations, Proposal Format And Content Requirements, Proposal Evaluation Criteria, and various Attachments. **Please review all information and documents carefully before preparing your proposal, including this Coversheet (both front and back).**

Offeror's Business Name (Please provide full legal name including dba when appropriate)		Federal Tax Identification Number	
Street and Mailing Address of Offeror's Business Office	City	State	Zip Code
Billing Address for Contract Payments Should a Contract be Awarded	City	State	Zip Code
Business Telephone Number (including area code)	Name and Title of Contact Person		
E-mail Address	Contact Person's Telephone Number (including area code)		
Organization Type (check one):  <input type="checkbox"/> Individual <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Not-for-Profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship Limited Liability Corporation: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership  <input type="checkbox"/> Government Agency	Name of Person Authorized to Represent Offeror in any Negotiations and to Sign any Contract Awarded		
	Title of Authorized Representative		
	Authorized Representative's Telephone Number (including area code)		
Signature of Offeror's Authorized Representative	Date		
_____  (Please sign in <b>colored</b> [not black] ink!)	_____		

## REQUEST FOR PROPOSAL - INSTRUCTIONS AND GENERAL PROVISIONS

**1. PROPOSAL PREPARATION:** (a) All prices and notations must be in ink or typewritten. (b) Price each item separately. Unit price shall be shown and a total price shall be entered for each item bid. (c) Unit price will govern, if there is an error in the extension. (d) Delivery time of services and products as proposed is critical and must be adhered to. (e) All products are to be of new, unused condition, unless otherwise requested in this solicitation. (f) Incomplete proposals may be rejected. (g) This proposal may not be withdrawn for a period of 60 days from the due date. (h) Where applicable, all proposals must include complete manufacturer's descriptive literature. (i) By signing the proposal the offeror certifies that all of the information provided is accurate, that they are willing and able to furnish the item(s) specified, and that prices offered are correct.

**2. SUBMITTING THE PROPOSAL:** (a) The proposal must be signed in ink, sealed, and delivered to the DEPARTMENT OF HUMAN SERVICES, BUREAU OF CONTRACT MANAGEMENT, 120 North 200 West, Room 213, Salt Lake City, UT 84103. **The "Solicitation Number" and "Due Date" must appear on the outside of the envelope.** (b) Proposals, modifications, or corrections received after the closing time on the "Due Date" will be considered late and handled in accordance with the Utah Procurement Rules, section 3-209. (c) **Your proposal will be considered only if it is submitted on the forms provided by the state. Facsimile transmission of proposals to DIVISION will not be considered.** (d) All prices quoted must be both F.O.B. Origin per paragraph 1.(c) and F.O.B. Destination. Additional charges including but not limited to delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, costs of bonds, or for any other purpose must be included in the proposal for consideration and approval by the Division of Purchasing & General Services (DIVISION). Upon award of the contract, the shipping terms will be F.O.B. Destination with all transportation and handling charges paid by the Contractor, unless otherwise specified by the DIVISION. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, costs of bonds, or for any other purpose will be paid by the state unless specifically included in the proposal and accepted by DIVISION. (e) By signing the proposal the offeror certifies that all of the information provided is accurate and that he/she offers to furnish materials/services for purchase in strict accordance with the requirements of this proposal including all terms and conditions.

**3. SOLICITATION AMENDMENTS:** All changes to this solicitation will be made through written addendum only. Bidders are cautioned not to consider verbal modifications.

**4. PROPRIETARY INFORMATION:** Suppliers are required to mark any specific information contained in their bid which is not to be disclosed to the public or used for purposes other than the evaluation of the bid. Each request for non-disclosure must be accompanied by a specific justification explaining why the information is to be protected. Pricing and service elements of any proposal will not be considered proprietary. All material becomes the property of the state and may be returned only at the state's option. Proposals submitted may be reviewed and evaluated by any persons at the discretion of the state.

**5. BEST AND FINAL OFFERS:** Discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being selected for award for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements. Prior to award, these offerors may be asked to submit best and final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by a competing offeror.

**6. SAMPLES:** Samples, brochures, etc., when required, must be furnished free of expense to the state and if not destroyed by tests may, upon request made at the time the sample is furnished, be returned at the offeror's expense.

**7. DIVISION APPROVAL:** Contracts written with the State of Utah, as a result of this proposal, will not be legally binding without the written approval of the Director of the DIVISION.

**8. AWARD OF CONTRACT:** (a) The contract will be awarded with reasonable promptness, by written notice, to the responsible offeror whose proposal is determined to be the most advantageous to the state, taking into consideration price and evaluation factors set forth in the RFP. No other factors or criteria will be used in the evaluation. The contract file shall contain the basis on which the award is made. Refer to Utah Code Annotated 65-56-408. (b) The DIVISION can reject any and all proposals. And it can waive any informality, or technicality in any proposal received, if the DIVISION believes it would serve the best interests of the state. (c) Before, or after, the award of a contract the DIVISION has the right to inspect the offeror's premises and all business records to determine the offeror's ability to meet contract requirements. (d) The DIVISION will open proposals publicly, identifying only the names of the offerors. Proposals and modifications shall be time stamped upon receipt and held in a secure place until the due date. After the due date, a **register** of proposals shall be established. The **register** shall be open to public inspection, but the proposals will be seen only by authorized DIVISION staff and those selected by DIVISION to evaluate the proposals. The register and contract awards are posted under "Vendor Info" at [www.purchasing.utah.gov](http://www.purchasing.utah.gov). The proposal(s) of the successful offeror(s) shall be open for public inspection for 90 days after the award of the contract(s). (e) Utah has a reciprocal preference law which will be applied against bidders bidding products or services produced in states which discriminate against Utah products. For details see Section 63-56-404 and 63-56-405, Utah Code Annotated. (f) Multiple contracts may be awarded if the State determines it would be in its best interest.

**9. ANTI-DISCRIMINATION ACT:** The offeror agrees to abide by the provisions of the Utah Anti-discrimination Act, Title 34 Chapter 35, U.C.A. 1953, as amended, and Title VI and Title VII of the Civil Rights Act of 1964 (42 USC 2000e), which prohibit discrimination against any employee or applicant for employment, or any applicant or recipient of services, on the basis of race, religion, color, or national origin; and further agrees to abide by Executive Order No. 11246, as amended, which prohibits discrimination on the basis of sex; 45 CFR 90 which prohibits discrimination on the basis of age, and Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990, which prohibits discrimination on the basis of disabilities. Also offeror agrees to abide by Utah's Executive Order, dated March 17, 1993, which prohibits sexual harassment in the workplace. Vendor must include this provision in every subcontract or purchase order relating to purchases by the State of Utah to insure that the subcontractors and vendors are bound by this provision.

**10. WARRANTY:** The contractor agrees to warrant and assume responsibility for all products (including hardware, firmware, and/or software products) that it licenses, contracts, or sells to the State of Utah under this contract for a period of one year, unless otherwise specified and mutually agreed upon elsewhere in this contract. The contractor (seller) acknowledges that all warranties granted to the buyer by the Uniform Commercial Code of the State of Utah applies to this contract. Product liability disclaimers and/or warranty disclaimers from the seller are not applicable to this contract unless otherwise specified and mutually agreed upon elsewhere in this contract. In general, the contractor warrants that: (1) the product will do what the salesperson said it would do, (2) the product will live up to all specific claims that the manufacturer makes in their advertisements, (3) the product will be suitable for the ordinary purposes for which such product is used, (4) the product will be suitable for any special purposes that the State has relied on the contractor's skill or judgement to consider when it advised the State about the product, (5) the product has been properly designed and manufactured, and (6) the product is free of significant defects or unusual problems about which the State has not been warned. Remedies available to the State include the following: The contractor will repair or replace (at no charge to the State) the product whose nonconformance is discovered and made known to the contractor in writing. If the repaired and/or replaced product proves to be inadequate, or fails of its essential purpose, the contractor will refund the full amount of any payments that have been made. Nothing in this warranty will be construed to limit any rights or remedies the State of Utah may otherwise have under this contract.

**11. DEBARMENT:** The CONTRACTOR certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction (contract) by any governmental department or agency. If the CONTRACTOR cannot certify this statement, attach a written explanation for review by the STATE.

**12. ENERGY CONSERVATION AND RECYCLED PRODUCTS:** The contractor is encouraged to bid Energy Star certified products or products that meet FEMP (Federal Energy Management Program) standards for energy consumption. The State of Utah also encourages contractors to bid products that are produced with recycled materials, where appropriate, unless otherwise requested in this solicitation.

**13. GOVERNING LAWS AND REGULATIONS:** All State purchases are subject to the Utah Procurement Code, Title 63, Chapter 56 Utah Code Annotated 1953, as amended, and the Procurement Rules as adopted by the Utah State Procurement Policy Board (Utah Administrative Code Section R33). These are available on the Internet at [www.purchasing.utah.gov](http://www.purchasing.utah.gov).

(Revision 5 Oct 2005 - RFP Instructions)

**MULTIPLE AWARD CONTRACT REQUEST FOR PROPOSAL (RFP)**  
**UTAH STATE DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF JUVENILE JUSTICE SERVICES**  
**RFP #DHS 90331**

**I. PURPOSE:**

This is an invitation to submit a statewide proposal for any and all of the following listed services for youth in the custody of the DHS/DJJS. Multiple contracts shall be awarded from the proposals. Payment shall be fee for service.

**RESIDENTIAL SERVICES**

- A. Family Based Residential Care-YFB
- B. Individual Residential Care -YIR
- C. Independent Living Residential Care-YLR
- D. Group Residential Care Services-YRC
- E. Intensive Residential Treatment Services Teaching Family Model Care-YTF
- F. Intensive Residential Treatment Services-YRM
- G. Residential Services for Pregnant/Parenting Teen-YPG
- H. Psychiatric Residential Treatment Services-YPR
- I. Intensive Residential Treatment Services, Cognitively Impaired-YLS
- J. Intensive Residential Treatment Services, Sex Offenders Level 6-YST
- K. Outdoor Impact – YOI
- L. Positive Peer - YPP

**NON RESIDENTIAL SERVICES**

- A. Intensive Supervision Services-YIS
- B. Medicaid Mental Health Evaluation-MCA
- C. Skills Development Services-SDS
- D. Individual/Family Mental Health Therapy-YFC
- E. Group Mental Health Therapy -YGT
- F. Psychological Testing-YXE
- G. Psychiatric Evaluation-YPE
- H. Medication Management by a Psychiatrist-YMM
- I. Ropes Courses-YRP

- A This RFP replaces the existing Request for Proposal dated February 2003 #90251.

**II. BACKGROUND INFORMATION:**

The primary purpose of DHS/DJJS is to provide a broad range continuum of supervision and community rehabilitation programs to meet the needs of the youthful offender in a manner consistent with public safety. This requires a flexible and varied system able to respond to these needs.

The Utah State Medicaid Plan allows DHS/DJJS to bill directly for Medicaid reimbursement for eligible youth for diagnostic and rehabilitative mental health services. This is referred to as the Medicaid Enhancement Program. Contractors providing these services shall comply with Medicaid requirements.

**III. GENERAL INFORMATION:**

- A. Submission of Proposals:  
Five (5) copies of the proposal to be submitted to Purchasing Agent, Bureau of Contract Management, Department of Human Services (DHS), First Floor Information desk, 120 North 200 West, Salt Lake City, Utah, closing on Tuesday, February 14, 2006 at 3:00 p.m.. Costs incurred in the preparation and submission of proposals are the responsibility of the Offeror and shall not be reimbursed. Faxed proposals shall not be accepted.
- B. Amendments to Proposal  
Amendments to proposals shall be accepted only at the request of DHS/DJJS within a timeframe negotiated and agreed by DHS/DJJS.
- C. Length of Contract  
From 01 July 2006 to 30 June 2007 with the first six (6) months of the contract period as a probationary period. During the first six (6) months the DHS/DJJS shall evaluate for contract compliance. If there have been serious or numerous compliance issues, the contract may be terminated or a corrective action with specific time frames for compliance given. Referrals may be withheld for compliance issues. If the Contractor is unable to comply with the corrective action within the time frames, the contract shall be terminated and the DHS/DJJS shall expand services with current contracted Contractors.

Rates may be subject to renegotiation as determined by budget and set rates. Rates are determined by the DHS Bureau of Contract Management (DHS/BCM), in conjunction with the DHS/DJJS.

- D. Eligibility  
Proposals may be submitted by any public or private nonprofit or profit organization, or, if appropriate, by an individual.
- E. Contact Person  
Questions regarding the proposal may be addressed to Jan Short or Medicaid questions to Mary Hoffman, both at the State Office of the Division of Juvenile Justice Services, (801) 538-4330.

F. Receipt and Registration of Proposals

Proposals shall be opened at the office of the DHS/BCM Purchasing Agent at 3:00 p.m. on the closing date, Tuesday, February 14, 2006. The names of the Offerors shall become public information.

G. Evaluation of Proposals: Evaluation shall be done by DHS/DJJS staff following the final submission. Evaluation shall be based on the stated proposal evaluation criteria and the DHS licensing and certification requirements. Proposals submitted after 3:00 p.m. on the closing date shall not be considered.

To ensure that the Offeror has covered all required criteria, the proposal shall include a section which identifies by page number where each RFP criterion requirement is addressed. Proposals shall not be unnecessarily lengthy with the specific services descriptions limited to **one** or **two** pages.

H. Proprietary Information

The proposals of successful Offerors become public information for a period of 90 days after a contract is awarded. During this time period, any individual or entity desiring to do so may review the proposal. Proprietary information contained in a proposal, such as client lists and non-public financial statements can be protected under limited circumstances (the pricing and service elements of a proposal are not considered proprietary and must not be designated as such). Any specific proprietary information contained in an Offeror's proposal that the Offeror wants protected must be clearly identified and highlighted in the body of the original proposal. In addition, Offerors must submit in the Executive Summary portion of their proposals, a justification statement explaining why the highlighted information is to be protected. It is unacceptable to designate an entire proposal as proprietary! Proposals not identifying any proprietary information will be released in their entirety.

I. Award

1. DHS/DJJS reserves the right to reject any and all proposals or withdraw this offer at any time. Award of contract may not necessarily be made at the lowest cost. Award shall be made to the Offeror(s) whose proposal is determined to be the most advantage to DHS/DJJS, taking into consideration factors set forth in this RFP, and within the highest evaluation scoring group. If additional Contractors are needed, DHS/DJJS may recommend to the Purchasing Agent re-solicitation to obtain additional proposals.
2. Discussions may be held with Offerors submitting proposals and may include oral presentations. Factors not specified in a proposal shall not be considered in determining the award nor negotiation of a contract.
3. DHS/DJJS does not assure nor guarantee referrals to any Contractor resulting from this RFP. DHS/DJJS reserves the right to determine which Contractor is best suited for individual youth through case management staff responsible to designate individual placement and treatment.

J. Funding:

The funding source for the Request for Proposal (RFP) comes from the State of Utah. During the contract period DHS may require the Contractor to submit actual costs on the standard State Budget Form and the State Budget Justification Form for review.

**IV. GENERAL PROPOSAL OUTLINE AND REQUIREMENTS:**

The Offeror's proposal shall have four (4) sections, a cover letter, the technical proposal to address the attached specific service descriptions, the cost proposal, and the appendix. The proposal shall meet both the General Proposal Requirements and Specific Services Descriptions requirements for each service that the Offeror intends to provide. See Attachment F, general evaluation sheets for scoring information. The following are the general requirements:

A. Cover Letter and Appendix: Following this outline the Offeror shall provide the following statements, information and assurances. This section is **pass/fail**. If this section of the proposal does not pass, further evaluation of the other sections of the proposal shall cease. Indicate where these areas are addressed within the technical proposal and/or appendix:

1. Name of person(s) authorized to represent the Offeror in any negotiations and to sign any resulting contract and name and address of current corporate officers or partners. Appendix contains a current organizational chart.
2. Statement of Offeror's legal authority to operate in the State of Utah. Appendix contains:
  - a. Certified copies of certificate of incorporation or other duly issued authorization to legally do business including business license for each city/town where a service/facility is located.
  - b. All required professional licensure for all employed and contracted employees related to the proposed service(s).
  - c. Licensure from the DHS, Office of Licensing, and/or other licensure required by law such as DOH, Health Facility Licensure.
  - d. Copy of W-9 form that includes State Tax identification number.
  - e. Qualifications for third party reimbursement.
3. Identify location of business office, location of each proposed service/facility and intent for statewide or region specific services, planned licensure or current copy, and administrative staff.

4. Statement that Proposal meets all requirements of this RFP for proposed services, statement agreeing to all Standard Terms and Conditions of a DHS service contract, and statement of agreement to provide services at or below DHS/DJJS current rates (See Attachment B).
5. Statement of adequate financial and cost accounting system. Included is the name and address of employed accountant or qualified agency staff responsible for audit and cost profile information. Offerors having been funded by sources other than the DHS shall include a summary statement describing these funds. Appendix shall contain a current financial statement and applicable fiscal audit(s) and external programmatic audits from the last **two (2)** years or a statement that there are none.
6. Offerors who have been under corrective action with DHS or DHS/DJJS within the last **two (2)** fiscal years, or who are currently on corrective action, shall submit a statement describing what the corrective action plan concerned and how it was resolved. Identify where in the technical proposal is a detailed plan to prevent similar corrective actions.
7. Offerors of services under the Medicaid Enhancement Program shall include a statement that they:
  - a. Included summary statement copies of results of Medicaid audits completed within the last **two (2)** fiscal years or statement there are none.
  - b. Obtained the DHCF current *Utah Medicaid Provider Manual - Diagnostic and Rehabilitative Mental Health Services Provided by DHS Contractors* and understand their obligations to perform these services. The manuals and required training are available through the DHS/DJJS, phone # 801-538-8260.
  - c. Agree to authorize DHS/DJJS to collect Medicaid funding on its behalf, from the Utah Department of Health, DHCF and shall therefore, not bill DHCF directly for Diagnostic and Rehabilitative Mental Health Services.
  - d. Understand that disallowances and non-compliance could result in contract termination and agrees to repay the STATE for services disallowed by DHS/DHCF in the event the disallowance is a result of:
    - < The Contractor's failure to provide the claimed/billed service, or
    - < The Contractor's failure to comply with the STATE'S written guidelines for the provision of Title IV-E and Medicaid Enhancement services which are in effect at the time the services are rendered, or
    - < The Contractor's failure to have a current Medicaid Provider Agreement with DHCF at the time services were rendered.
8. Statement that the Offeror agrees to participate in DHS/DJJS Program Enhancement Process to track service delivery objectives and youth outcome objectives in order to improve services to youth.
9. If the Offeror is a government entity, complete and return with the proposal the attached Conflict of Interest-Disclosure Statement or the attached Conflict of Interest Certification form. All non-governmental entities must complete the attached Conflict of Interest – Disclosure Statement.
10. An endorsement adding the State of Utah as an additional insured and the Certificate of Insurance showing compliance with the applicable insurance provisions of the DHS Service Contract. The insurance company must have an A.M. Best rating of at least A- or better and a class size rating of VII or larger. Documentation from the insurance company showing their rating must be attached to the proposal. (A current copy of the required insurance provisions is in the DHS Service Contract and may be obtained from DHS/DJJS). If the insurance and endorsement are not in place prior to the proposal due date a letter of intent to comply with the endorsement and insurance requirements must be attached to the proposal. However, the requested endorsement, rating information and certificate must be submitted prior to initiation of the contract.
11. Identify the remittance address for all contract payments if a contract is awarded.

B. Technical Proposal: Offeror shall include a written plan addressing each of the following areas. Indicate in the Appendix where requested documentation is located. Provide a detailed explanation of any contingencies on which the proposal is based. Refer to Attachment F, general evaluation sheets for scoring information.

1. Plan for compliance with DHS/DJJS standards, licensing, insurance requirements, and any local ordinances or permits governing the proposed service. Identify staff responsible to administer these areas.
2. Written plan describing measures that will be taken to ensure community safety.
3. Offerors of services involving the Medicaid Enhancement Program shall identify clinical staff who shall administer these services with their experience/qualifications, plan for compliance.
4. Plan ensuring all staff with immediate access to DHS/DJJS youth, regardless of their job duty, shall have NO unsupervised contact with DHS/DJJS youth PRIOR to:
  - a. Written clearance through a criminal record check (BCI) and the Utah Social Services Delivery System Child Protective DataBases. NOTE: The Office of Licensing allows hire prior to a clearance being issued. However, DHS/DJJS requires that staff have NO UNSUPERVISED CONTACT with a youth prior to clearance. Documented clearance is required annually.
  - b. Training for DHS's Contractor Code of Conduct through the agency's pre-service orientation with signed employee form in their personnel file.
5. Identify general staffing plan and documentation for each proposed service to include:
  - a. Assurance that all direct care staff are a minimum of **twenty-one (21)** years of age.

- b. Annual verification of valid driver's license for staff who may transport youth with a copy in their personnel file.
  - c. Job descriptions with required qualifications, licensure, certifications, related experience and specific job duties. Include examples of agency job application forms which includes three (3) documented, unrelated references.
  - d. Owners, administrators and supervisors having worked in the juvenile justice system, youth private Contractor system or related field within the past **two** (2) years, shall include a statement as to why they left the previous agency and written references from those specific previous supervisors. If references can not be obtained, submit a written explanation. DHS/DJJS reserves the right to contact previous employers to verify and review employment history.
  - e. Annual written performance plans and evaluations for direct care staff, clinicians, supervisors and administrators.
  - f. Offerors of individual residential services shall include a plan for annual written performance plans and evaluations, which includes **quarterly** written inspections of their home to ensure conditions are satisfactory.
  - g. A program policy that ensures budgetary integrity and avoidance of conflict of interest by preventing owners, administrators, and/or supervisors from functioning as line staff within the agency. Example, an owner shall not work as a proctor, but focus on the administration and quality of the program and proctors shall not work as intensive supervision staff for youth placed in their home, or other individual placement homes for the agency.
6. Program designs shall include a process for:
- a. Youth screening and orientation.
  - b. Information flow with DHS/DJJS staff to include youth progress, behavior management and critical incidents.
7. In addition residential care proposals shall include:
- a. Rights and responsibilities of program participants for areas such as phone (a minimum of **one** weekly 15 minute phone call to family at no cost to youth), mail, grievance process, confidentiality, home visits, visitors, special needs requests, and monthly allotments for clothing, hair care, and personal incidentals at approximately \$2.03 per day (a minimum of \$40.25 per month of the personal needs allowance shall be expended for clothing for the youth except for Outdoor Impact Programs and Positive Peer Programs), included within the set rate.
  - b. Safety, transportation, emergency management, natural disaster plan.
8. Include a plan to incorporate DHS/DJJS Mission Statement (Attachment C) and OJJDP's Balanced and Restorative Justice (<http://www.ojjdp.ncjrs.org/pubs/implementing/contents.html>) approach to assist youth in making amends to their victims and the community, increase their competencies, and offer protection to the public through processes in which the youth, victims and community are all active participants.
9. Programming for Females: May refer to OJJDP Guiding Principles for Promising Female Programming: An Inventory of Best Practices (<http://ojdp.ncjrs.org/pubs/general.html#173415>) or the Valentine Foundation ([www.valentinefoundation.org/publications.html](http://www.valentinefoundation.org/publications.html)) regarding current research and program recommendations for females. Incorporate gender-specific programming and staff training to include compliance with DHS/DJJS gender-specific standards.

C. Offeror shall submit a written cost proposal:

List each proposed service and corresponding DHS/DJJS rate. Lower rates may be proposed. Proposals listing a rate higher shall be **disqualified** for evaluation of that service. Include a plan to utilize the "absent codes" for youth who have been hospitalized for psychiatric care or placed in detention where Medicaid Enhancement services should not to be billed to DHCF. (See Attachment B, DHS Codes & Rates Chart). Refer to Attachment F, general evaluation sheets, for scoring information.

D. Offeror shall include in the Appendix all required and requested documentation listed throughout this RFP.

Refer to Attachment F for scoring information.

## V. ATTACHMENTS:

- A. Attachment A: Conflict of Interest Disclosure Statement Form
- B. Attachment B: DHS Codes and Established Rates
- C. Attachment C: Division of Youth Corrections Mission Statement
- D. Attachment D: Residential Service Definitions
- E. Attachment E: Non-residential Service Definitions
- F. Attachment F: General Evaluation
- G. Attachment G: Residential Evaluations
- H. Attachment H: Non-residential Evaluations



**Attachment A**  
Conflict of Interest Certification

Department of Human Services  
120 North 200 West  
Salt Lake City, UT 84103  
(801) 538-4001

**Conflict of Interest Certification**  
(Governmental Entities Only)

**Name of Contractor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

The Contractor certifies that:

1. It is a political subdivision, agency or municipality of the State of Utah;
2. It maintains a written policy requiring the Contractor's Representatives to disclose their Conflicts of Interest (See definition of "Contractor's Representative" and "Conflict of Interest" in the DHS Contract for Services, Part I, Section C, Paragraph 9);
3. The Contractor's policy provides the Contractor with the information it needs to satisfy the provisions of its contract with DHS; and
4. The Contractor shall monitor its operations for compliance with the Conflict of Interest provisions of its contract with DHS, and the Contractor can reasonably assure DHS that any of the Contractor's Representatives with a potential Conflict of Interest do not:
  - (a) make or influence decisions or set policies that affect its contract with DHS;
  - (b) monitor the performance of its contract with DHS; or
  - (c) become involved in or otherwise benefit from the performance of its contract with DHS.

Dated this \_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Name and Title of Person Completing Form)

\_\_\_\_\_  
(Signature)

Revision Date: June 25,2002



Department of Human Services  
120 North 200 West  
Salt Lake City, UT 84103  
(801) 538-4001

## Attachment A Conflict of Interest - Disclosure Statement

**Name of Contractor:**

Does any employee in your organization have a conflict of interest or potential conflict of interest? (circle "yes" or "no")

**YES**

*(Please use a separate form for each employee with a conflict or potential conflict, and complete all applicable portions of the form. Attach additional sheets as needed.)*

**NO**

*(Please complete the signature section below.)*

### Dual Employment *(The notary section of this form must be completed for all dual employment conflicts of interest.)*

Name of individual with dual employment:

Title or position with the State of Utah or political subdivision:

Title or position with the Contractor:

Nature and value of the individual's interest in Contractor's business entity:

Individual's decision-making authority with the Contractor and with the State:

How does the Contractor protect DHS from potentially adverse effects resulting from this individual's Conflict of Interest?

### Related-Party Transactions or Independent Judgment Impaired

Name and position or title of individual with Conflict of Interest:

(individual associated with Contractor):

(individual associated with other party):

Relationship between identified individuals:

Description of transaction involving identified individuals and dollar amount (if any):

Decision-making authority of individuals with respect to that transaction:

Potential effect on this Contract with DHS:

How does the Contractor protect DHS from potentially adverse effects resulting from this identified Conflict of Interest?

#### Signature:

I hereby certify that the information I have given is true and complete to the best of my knowledge.

\_\_\_\_\_  
(Name and Title of Person Completing Form)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

**Notary:** *(Must be completed for all dual employment conflicts of interest)*

STATE OF \_\_\_\_\_ )  
: ss.  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

(Seal) NOTARY PUBLIC \_\_\_\_\_

Commission Expires \_\_\_\_\_

DHS/ \_\_\_\_\_ Action: ☐ Approve ☐ Deny \*☐ Refer to BIRA

Agency Signature: \_\_\_\_\_

DHS/ \_\_\_\_\_ Action: ☐ Approve ☐ Deny \*☐ Refer to BIRA

Agency Signature: \_\_\_\_\_

\*DHS may refer any questions regarding potential Conflicts of Interest to the DHS Bureau of Internal Review and Audit ("BIRA").

**BIRA Action Upon DHS/ Referral:** ☐ Approve ☐ Deny ☐ Other \_\_\_\_\_

Revision Date: July 3, 2002



**ATTACHMENT B**  
**DHS ESTABLISHED SERVICE CODES AND RATES**

Service Name	Code	Kind	Rate
Family Based Residential Care	YFB	Day	\$58.74
*Absent-Family Based Residential Care	AFB	Day	\$58.74
Individual Residential Care	YIR	Day	\$68.71
*Absent-Individual Residential Care	AIR	Day	\$68.71
Independent Living Residential Care	YLR	Day	\$70.24
*Absent-Independent Living Residential Care	ALR	Day	\$70.24
Group Residential Care	YRC	Day	\$67.43
*Absent-Group Residential Care	ARC	Day	\$67.43
Intensive Residential Teaching Family Model Residential Care	YTF	Day	\$107.29
*Absent-Intensive Residential Teaching Family Model Care	ATF	Day	\$107.29
Intensive Residential Treatment Services	YRM	Day	\$111.34
*Absent-Intensive Residential Treatment Services	ARM	Day	\$111.34
Residential Services, Pregnant/Parenting Teen	YPG	Day	\$75.06
*Absent-Residential Services Care, Pregnant/Parent Teen	ARP	Day	\$75.06
Psychiatric Residential Treatment Care	YPR	Day	\$235.56
*Absent-Psychiatric Residential Care	APR	Day	\$235.56
Intensive Residential Treatment Services, Cognitively Impaired	YLS	Day	\$146.16
*Absent-Intensive Residential Treatment Services, Cognitively Impaired	ALS	Day	\$146.16
Intensive Residential Treatment Services, Sex Offenders Level Six	YST	Day	\$139.42
*Absent-Intensive Residential Treatment Services, Sex Offenders Level Six	AST	Day	\$139.42
Outdoor Impact	YOI	Day	\$131.83
Positive Peer	YPP	Day	\$120.18
Medicaid Mental Health Evaluation	MCA	Qtr Hr	\$28.16
Individual/Family Mental Health Therapy	YFC	Qtr Hr	\$23.09
Group Mental Health Therapy (Per Youth Per Session)	YGT	Qtr Hr	\$5.38
Intensive Supervision	YIS	Qtr Hr	\$3.23
Skills Development Services	SDS	Qtr Hr	\$3.09

Service Name	Code	Kind	Rate
Medication Management by a Psychiatrist	YMM	Session	\$79.08
Psychiatric Evaluation	YPE	Qtr Hr	\$30.42
Psychological Testing	YXE	Qtr Hr	\$28.12
Ropes Course	YRP	Day	\$41.20

**\*Absent Codes** are to be used when youth are placed in a secure detention center or in a hospital for psychiatric care. The Contractor may still be paid for the services as negotiated with the case manager to hold a bed. The absent code identifies for DHS/DJJS services that should not to be billed to DHCF for Medicaid Enhancement reimbursement.

## **VISION STATEMENT**

The Division of Juvenile Justice Services shall provide to the youth we serve the best opportunity to realize their potential and improve their overall competence, which shall allow them to be law-abiding and productive citizens.

## **MISSION STATEMENT**

The mission of the Division of Juvenile Justice Services is to provide comprehensive services for at risk youth within the framework of the Balanced and Restorative Justice Model. Community Protection, Accountability, and Competency Development, are integrated goals and philosophical foundations of the model.

## **CORE VALUES STATEMENT**

We are committed to act with respect and integrity and meet the challenge of change with creativity and perseverance.

## **TWELVE GUIDING PRINCIPLES**

1. Protect the community by providing the most appropriate setting for the youthful offender.
2. Provide secure, humane, and therapeutic confinement to a youth who has demonstrated that he/she presents a danger to the community.
3. Hold youth accountable for delinquent behavior in a manner consistent with public safety through a system of graduated sanctions, rehabilitative measures, and victim restoration programs.
4. Provide a continuum of diverse early intervention, community based and secure correctional programs.
5. Promote a functional relationship between a youth and his/her family and/or assist the youth in developing the skills for alternative or independent living.
6. When it is in the best interest of the youth and community, provide placements in close proximity to the youth's family and community.
7. Promote ongoing research, evaluation, and monitoring of Division programs to determine their effectiveness.
8. Strengthen rehabilitative opportunities by expanding linkages to human service programs and community resources.
9. Provide assistance to the Juvenile Court in developing and implementing appropriate offender dispositions.
10. Provide for efficient and effective correctional programs within the framework of professional correctional standards, legislative intent, and available resources.
11. Promote continuing staff professionalism through the provision of educational and training opportunities.
12. Provide programs to increase public awareness and participation in Juvenile Justice.

**ATTACHMENT D  
RESIDENTIAL SERVICES DEFINITIONS**

**A. Family Based Residential Care**

**Code: YFB**

- I. General Definition.** 24 hour family based care, supervision and treatment services in a family home setting (hereafter referred to as treatment home) for up to **two** youth who have behavioral or adjustment problems. Under the supervision of a licensed mental health professional, trained staff shall provide a therapeutic home environment, appropriate parenting, general guidance, skill development, supervision, and behavior management designed to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. The treatment home shall be staffed with an individual or couple, age 21 or older, who hereafter shall be referred to as treatment parents. The treatment parent's have the primary responsibility for providing room, board, behavior management, skills development, general guidance and supervision of each youth placed in the home. Further, the treatment parent's is responsible for arranging for appropriate medical care and visits, participating in the youth's educational plan, providing transportation and providing other care and supervision ordinarily provided by a parent. Youth placed in the treatment home are to be considered part of the family and treated as such. The youth should be incorporated into family activities and also be given reasonable responsibilities and expectations. Physical aspects of the home shall meet the criteria outlined in R501-12-7.

**II. Population to be Served**

- A. The program shall have the capacity to serve youth with mild emotional or behavioral problems and/or minimal delinquent record, who have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions. The youth may engage in antisocial acts and show deficits in social skills, cognition and communication but their needs can generally be met in a family setting. Some cases may require **one to one** supervision or intensive monitoring.
- B. The treatment home may have no more than **six** children under age 18 residing in the home including the children of the treatment parents. In addition:
  - 1. There may be no more than **two** children in the home who are unrelated to the treatment parent's including the children/youth in State custody.
  - 2. There may be no more than **two** infants or non-ambulatory children in the home including infants/children of the treatment parent's.
  - 3. Youth in the custody of DHS/DJJS may not be placed in the same home as children/youth in the custody of DHS/DCFS.
  - 4. Department custody youth whether managed by DHS/DJJS or DHS/DCFS may not be placed in the same home as children/youth in the custody of DHS/DJJS.
- C. The treatment home may not be the same home as that of the agency administrator, program director or any clinical or treatment staff.

**III. Contractor Qualifications**

- A. The Contractor shall be licensed by the Utah Department of Human Services, Office of Licensing as a Child Placing Agency that provides services through a foster care program.
- B. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- C. The Contractor shall be enrolled as a Medicaid Provider and agree to allow DHS/DJJS to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DJJS to the Contractor.
- D. The treatment home shall have **one** year of treatment experience (YIR) prior to being a YFB Contractor.
- E. Treatment parents shall offer balanced meals to meet the child's needs. The treatment home shall have adequate food on hand for snacks and food cannot be withheld for consequences. The youth shall be allowed to eat meals with the treatment family and eat the same foods as the treatment family unless the youth has a special prescribed diet. Youth in a YFB placement shall have three balanced meals per day.
- F. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.
- G. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health evaluations, provide individual/family mental health therapy or provide group mental health therapy shall be qualified as licensed mental health therapists as defined below:
  - 1. A licensed mental health therapist as identified in Section III-F; or

2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as **one** of the above but enrolled in a program leading to qualification for licensure, or engaged in completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
  3. For mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.
- H. Individuals who provide Skills Development Services shall meet the qualifications as follows: licensed certified social worker; licensed registered nurse; licensed social service worker; individual certified or credentialed to provide rehabilitative services to children; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other trained staff, working under the supervision of a licensed mental health therapist identified in Section III-G-1 and 2, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

#### IV. Contractor Capacity

- A. The Contractor shall have the capacity to provide the following services directly to each youth in the program:
  1. A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of program admission. If an evaluation was completed by a licensed mental health therapist, prior to the youth's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.
  2. Review and update the mental health evaluation as needed based on any changes in the youth's condition.
  3. Daily skills development and other rehabilitative services to assist the youth to develop competence in basic living skills such as food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene, maintenance of the living environment, appropriate social interpersonal and communication skills and compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- B. Although not considered a direct part of the program, the Contractor shall have the capacity to arrange for the services listed below as indicated by the youth's evaluation or treatment plan and approved by the youth's DHS/DJJS case manager. Such services may be reimbursed by DHS/DJJS or Medicaid directly, if approved by DHS/DJJS, to the Contractor of the service if Medicaid requirements are met:
  1. Individual/family mental health therapy by a licensed mental health therapist;
  2. Group mental health therapy by a licensed mental health therapist;
  3. Psychological evaluation by a licensed psychologist;
  4. Psychiatric evaluation and medication management by a licensed psychiatrist.
  5. Skills Development Services if provided through a licensed day treatment program by a Contractor other than the residential Contractor.
- C. The Contractor shall arrange for each youth to attend an individualized accredited educational program that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

#### V. Staffing Requirements

- A. Clinical
  1. Clinical Oversight: The program shall employ or contract with **one** or more licensed mental health therapist's to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist's shall provide at least **two** hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily

census in a given month is **three**, there shall be at least **six** hours of documented service by **one** or more licensed mental health therapists for that month.);

2. Treatment Services: The program shall employ or contract with a number of mental health therapist' to provide direct treatment services including comprehensive evaluation and skills development services to implement treatment plans to improve youth' functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item 1 above.)

B. Non-Clinical Staff

1. Treatment Parent's: Each treatment home utilized by the program shall have treatment parent's (an individual or couple over age 21) responsible for room, board, behavior management, general guidance and supervision of each youth placed in the home. The treatment parent's will also be responsible for implementing educational/vocational plans, arranging for appropriate medical care, providing transportation, as needed, and providing other care and supervision ordinarily provided by a parent.
  - a. Behavior management shall include but is not limited to assisting DHS/DJJS case manager with the evaluation of needed services, linking the youth to community services such as therapy, educational/vocational programs, employment and recreational activities, monitoring the quality and continued need for service, monitoring of behavior in the community, teaching of basic living skills, tutoring, advocating, crisis intervention, coordinating with the natural parents/guardians/foster/treatment parent . The majority of behavior management time shall be spent in face-to-face contacts. Face-to-face contacts may include but are not limited to youth, teacher, employer, treatment parent's, and parent. The remainder of the time shall be spent in such activities as; paperwork, telephone calls (youth related), contact with case management (before & after weekend), interagency staffing, and other duties directly related to the youth as authorized by the case manager or agency.
2. Other Non-Clinical Direct Care Staff: The program shall employ a number of other well-trained direct care staff to assure there is adequate **24**-hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours. Trained staff may be employed to directly supervise the youth in community or school settings outside the home, provide behavior monitoring, or, crisis intervention, advocacy and linkages to other services, for an average of **five** hours per week, or as indicated in treatment plan or by case manager.

VI. Staff to Youth Ratio

The staff to youth ratio in each treatment home may vary based on the youth's needs as determined by the licensed mental health therapist in conjunction with the youth's case manager. However, at a minimum each treatment home shall have the following:

- A. Treatment parent who is available to provide daily supervision and monitoring of each youth placed in the home;
- B. Treatment parent or other direct care staff immediately available to respond to an emergency and on-site (but not necessarily awake) during nighttime sleeping hours.

VII. Staff Training Requirements:

- A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment and prior to working with youth:
  1. Orientation to the requirements of the contract;
  2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual's personnel file;
  3. Emergency response and evacuation procedures.
- B. Direct care staff and/or treatment parents (non-clinical staff) shall receive the following additional training prior to providing direct care and/or treatment parents or supervision to youth. All direct care staff shall receive a minimum of **25** hours of training in the following subjects in addition to topics listed in paragraph A above.
  1. Basic First Aid and CPR including certification;

2. Basic child/adolescent behavior and development;
  3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS Community Residential Care Standards and Policy.
- C. Within the first **12** months of employment, an additional **25** hours of training in the following subject areas:
1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  2. Skills development services and documentation;
  3. Appropriate court and parole procedures;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS incident-report policy and documentation.
- D. Annually thereafter, an additional **30** hours of training based on an evaluation of individual staff training needs.
- E. All training shall be recorded as follows:
1. Title of Training
  2. Name of the instructor
  3. Date and time
  4. Employee signature
- F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor.

#### VIII. Evaluation and Treatment Planning

- A. **Evaluation:** Within **two** weeks of admission to the program, each youth shall have a current comprehensive mental health evaluation on file. If the evaluation is more than **30** days old or does not meet the following requirements, the Contractor shall conduct or arrange for a review and, when needed, update or conduct a new evaluation. The evaluation shall contain the following:
1. Developed and signed by a licensed mental health therapist after face to face contact with the youth and in consultation with the youth and other individuals who have knowledge of the youth.
  2. A history and evaluation of the youth's emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.
  3. A summary, diagnostic results, if applicable, and recommendations for treatment.
- B. **Treatment Plan**
1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist.
  2. The plan shall be developed within **one** month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth shall be released after discharge.
  3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.
  4. The plan shall include:
    - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy, group mental health therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
    - b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;

- c. The credentials of the individuals who will deliver the services;
- d. Reasonable measures to evaluate whether the objectives are met;
- e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
- f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DJJS case manager.

C. Review of the Treatment Plan

- 1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
- 2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.
- 3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding **90** days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

IX. Documentation

A. Facility Administrative Records: The Contractor shall develop/maintain written documentation to support the following:

- 1. Current License.
- 2. Staff training and copies of applicable licensure.
- 3. Records indicating regular supervision of all direct care staff by clinical staff.
- 4. Weekly or daily program schedules indicating the routine and planned activities.
- 5. Staff attendance and time sheets.
- 6. Youth daily attendance and absences including reason for absence.
- 7. Facility incident reports.
- 8. Any other documentation required in the contract to assure compliance with DHS/DJJS policy and billing requirements.

B. Individual Youth Records: The Contractor shall develop and maintain written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitation Mental Health Services provided by DHS Contractors documentation requirements including:

- 1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
- 2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
- 3. Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).
- 4. If providing psychiatric evaluations, psychological testing, or medication management service through a contract with DHS/DJJS, documentation shall be consistent with the contract standards established for those services.
- 5. For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
- 6. Youth specific incident reports.
- 7. Any other documentation required by the contract to assure compliance with DHS/DJJS policy, Medicaid, and billing requirements.

X. Rate

- A. The Contractor shall be reimbursed on a fee for service at the current daily rate.
- B. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each youth) and treatment services including evaluation and treatment planning, skills development services and any other treatment services that are required in Section IV - Contractor Capacity. The daily rate does not include reimbursement for skills development services provided through a licensed day treatment program, group mental health therapy, Individual/family mental health therapy, psychological evaluation services, psychiatric evaluation services, or



medication management services by a MD. In general, academic educational costs are not covered but should be negotiated with the local school district.

- C. Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available, without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the "residential absence" code for each day over two days if approved by the DHS/DJJS case manager. A "day of absence" is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An "episode" is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor's daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.

- I. General Definition:** 24 hour family based care, supervision and treatment services (hereafter referred to as proctor home) for no more than **one** youth who has behavioral or adjustment problems. Under the supervision of a licensed mental health professional, trained staff shall provide a therapeutic home environment, appropriate parenting, general guidance, skill development, supervision, and behavior management designed to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. The proctor home shall be staffed with an individual or couple, age 21 or older, hereafter referred to as proctor parents. The proctor parent's have the primary responsibility for providing room, board, behavior management, skills development, general guidance and supervision of each youth placed in the home. Further, the proctor parent's is responsible for arranging for appropriate medical care and visits, participating in the youth's educational plan, providing transportation and providing other care and supervision ordinarily provided by a parent. Youth placed in the proctor home are to be considered part of the family and treated as such. The youth should be incorporated into family activities and also be given reasonable responsibilities and expectations. Physical aspects of the home shall meet the criteria outlined in DHS Office of Licensing R 501-12-7.

## II. Population to be Served

- A. The program shall have the capacity to serve youth with mild emotional or behavioral problems and/or minimal delinquent record, who have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions. They may be youth stepping down from a more intense treatment setting. They may engage in antisocial acts and show deficits in social skills, cognition and communication but their needs can generally be met in a parental/family setting. They generally require **one** to **one** supervision or intensive monitoring.
- B. The proctor home may not have youth under age 18 residing in the home if the DHS/DJJS youth is an adjudicated sex offender. In addition,
1. There may be no more than **one** youth in the home who is unrelated to the proctor parent's including the youth in State custody;
  2. There may be no more than **two** infants or non-ambulatory youth in the home including infants/children of the proctor parent's;
  3. Youth in the custody of DHS/DJJS may not be placed in the same home as children/youth in the custody of DHS/DCFS.
- C. The proctor home may not be the same home as that of the agency administrator, program director or any clinical or treatment staff.

## III. Contractor Qualifications

- A. The Contractor shall be licensed by the Utah Department of Human Services, Office of Licensing as a Youth Placing Agency that provides services through a foster care program.
- B. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- C. The Contractor shall be enrolled as a Medicaid Provider and agree to allow DHS/DJJS to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DJJS to the Contractor.
- D. Proctor parents shall offer balanced meals to meet the youth's needs. The proctor home shall have adequate food on hand for snacks and food cannot be withheld for consequences. The treatment family needs to allow the youth to eat meals with the family, and to eat the same food as the family unless the youth has a special prescribed diet. Youth in a YIR placement shall have three balanced meals per day.
- E. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.
- F. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health evaluations, provide individual/family mental health therapy or provide group mental health therapy shall be qualified as licensed mental health therapists as defined below:
1. A licensed mental health therapist as identified in Section III-E; or
  2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as **one** of the above but enrolled in a program leading to qualification for licensure, or engaged in

- completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
3. For mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.
- G. Individuals who provide Skills Development Services shall meet the qualifications as follows: licensed certified social worker; licensed registered nurse; licensed social service worker; individual certified or credentialed to provide rehabilitative services to youth; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other trained staff, working under the supervision of a licensed mental health therapist identified in Section III-F-1 and 2, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to youth.

#### IV. Contractor Capacity

- A. The Contractor shall have the capacity to provide the following services directly to each youth in the program:
1. A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.
  2. Review and update the mental health evaluation as needed based on any changes in the youth's condition.
  3. Daily Skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, such as food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene, maintenance of the living environment, appropriate social, interpersonal and communication skills, compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- B. Although not considered a direct part of the program, the Contractor shall have the capacity to arrange for the services listed below as indicated by the youth's evaluation or treatment plan and approved by the youth's DHS/DJJS case manager. Such services may be reimbursed by DHS/DJJS or Medicaid directly, if approved by DHS/DJJS, to the Contractor of the service if Medicaid requirements are met:
1. Individual/family mental health therapy by a licensed mental health therapist;
  2. Group mental health therapy by a licensed mental health therapist;
  3. Psychological evaluation by a licensed psychologist;
  4. Psychiatric evaluation and medication management by a licensed psychiatrist.
  5. Skills Development Services if provided through a licensed day treatment program by a Contractor other than the residential Contractor.
- C. The Contractor shall arrange for each youth to attend an individualized accredited educational program that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

#### V. Staffing Requirements

- A. **Clinical**
1. **Clinical Oversight:** The program shall employ or contract with **one** or more licensed mental health therapist's to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist's shall provide at least **two** hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily census in a given month is **three**, there shall be at least **six** hours of documented service by **one** or more licensed mental health therapists for that month.);

2. Treatment Services: The program shall employ or contract with a number of mental health therapists/s to provide direct treatment services including comprehensive evaluation and skills development services to implement treatment plans to improve youth' functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)
- B. Direct Care Staff
1. Proctor Parent's: Each home utilized by the program shall have parent's (an individual or couple over age 21) responsible for room, board, behavior management, general guidance and supervision of each youth placed in the home. The proctor parent's will also be responsible for implementing educational/vocational plans, arranging for appropriate medical care, providing transportation, as needed, and providing other care and supervision ordinarily provided by a parent.
    - a. Behavior management shall include but is not limited to assisting DHS/DJJS case manager with the evaluation of needed services, linking the youth to community services such as therapy, educational/vocational programs, employment and recreational activities, monitoring the quality and continued need for service, monitoring of behavior in the community, teaching of basic living skills, tutoring, advocating, crisis intervention, coordinating with the natural parents/guardians/foster/treatment parent . The majority of behavior management time will be spent in face-to-face contacts. Face-to-face contacts may include but are not limited to youth, teacher, employer, treatment parent's, and parent. The remainder of the time shall be spent in such activities as; paperwork, telephone calls (youth related), contact with case management (before & after weekend), interagency staffing, and other duties directly related to the youth as authorized by the case manager or agency.
  2. Other Non-Clinical Direct Care Staff: The program shall employ a number of other well-trained direct care staff to assure there is adequate **24**-hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours. Trained staff shall be employed to directly supervise the youth in community or school settings outside the home, provide behavior monitoring, and crisis intervention, advocacy and linkages to other services for an average of **8** hours per week, or as indicated by the treatment plan.

#### VI. Staff to Youth Ratio

The staff to youth ratio in each home may vary based on the youth's needs as determined by the licensed mental health therapist in conjunction with the youth's case manager. However, at a minimum each home shall have the following:

- A. Trained parent who is available to provide daily supervision and monitoring of each youth placed in the home;
- B. Trained parent or other direct care staff immediately available to respond to an emergency and on-site (but not necessarily awake) during nighttime sleeping hours.

#### VII. Staff Training Requirements:

- A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment and prior to working with youth:
  1. Orientation to the requirements of the contract;
  2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual's personnel file;
  3. Emergency response and evacuation procedures.
- B. Direct care staff and/or treatment parents (non-clinical staff) shall receive the following additional training prior to providing direct care and/or treatment parents or supervision to youth. All direct care shall receive a minimum of **25** hours of training in the following subjects in addition to topics listed in paragraph A above.
  1. Basic First Aid and CPR including certification;
  2. Basic youth/adolescent behavior and development;

3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS Community Residential Care Standards and Policy.
- C. Within the first **12** months of employment, an additional **25** hours of training in the following subject areas:
1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  2. Skills development services and documentation;
  3. Appropriate court and parole procedures;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS incident-report policy and documentation.
- D. Annually thereafter, an additional **30** hours of training based on an evaluation of individual staff training needs.
- E. All training shall be recorded as follows:
1. Title of Training
  2. Name of the instructor
  3. Date and time
  4. Employee signature
- F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor.

## VIII.

### Evaluation and Treatment Planning

- A. **Evaluation:** Within **two** weeks of admission to the program, each youth shall have a current comprehensive mental health evaluation on file. If the evaluation is more than **30** days old or does not meet the following requirements, the Contractor shall conduct or arrange for a review and, when needed, update or conduct a new evaluation. The evaluation shall contain the following:
1. Developed and signed by a licensed mental health therapist after face to face contact with the youth and in consultation with the youth and other individuals who have knowledge of the youth.
  2. A history and evaluation of the youth's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.
  3. A summary, diagnostic results, if applicable, and recommendations for treatment.
- B. **Treatment Plan**
1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist.
  2. The plan shall be developed within **one** month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge.
  3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.
  4. The plan shall include:
    - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy, group mental health therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
    - b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
    - c. The credentials of the individuals who will deliver the services;
    - d. Reasonable measures to evaluate whether the objectives are met;

- e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
- f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DJJS case manager.

**C. Review of the Treatment Plan**

- 1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
- 2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.
- 3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding **90** days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

**IX. Documentation**

- A. Facility Administrative Records: The Contractor shall develop/ maintain written documentation to support the following:
  - 1. Current License.
  - 2. Staff training and copies of applicable licensure.
  - 3. Records indicating regular supervision of all direct care staff by clinical staff.
  - 4. Weekly or daily program schedules indicating the routine and planned activities.
  - 5. Staff attendance and time sheets.
  - 6. Youth daily attendance and absences including reason for absence.
  - 7. Facility incident reports.
  - 8. Any other documentation required in the contract to assure compliance with DHS/DJJS policy and billing requirements.
- B. Individual Youth Records: The Contractor shall develop/maintain written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitation Mental Health Services provided by DHS Contractors documentation requirements including:
  - 1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
  - 2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
  - 3. Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).
  - 4. If providing psychiatric evaluations, psychological testing, or medication management service through a contract with DHS/DJJS, documentation shall be consistent with the contract standards established for those services.
  - 5. For all other services, for each treatment goal monthly notes summarizing progress toward goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
  - 6. Youth specific incident reports.
  - 7. Any other documentation required by the contract to assure compliance with DHS/DJJS policy, Medicaid, and billing requirements.

**X. Rate**

- A. The Contractor shall be reimbursed on a fee for service basis at the current set daily rate.
- B. The daily rate includes reimbursement for room and board and intensive supervision (including an allotment for clothing, hair care, personal incidentals for each youth) and treatment services including evaluation and treatment planning, skills development services and any other treatment services that are required in Section IV - Contractor Capacity. The daily rate does not include reimbursement for skills development services provided through a licensed day treatment program, group

mental health therapy, Individual/family mental health therapy, psychological evaluation services, psychiatric evaluation services, medication management services by an MD. In general, academic educational costs are not covered but should be negotiated with the local school district.

- C. Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available, without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the "residential absence" code for each day over two days if approved by the DHS/DJJS case manager. A "day of absence" is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An "episode" is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor's daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.

- I. General Definition.** 24 hour family or group home based care, supervision and treatment services designed for youth with behavioral and adjustment problems. The services are intended to prepare the youth for independent living and to assist with such arrangements when appropriate. Under the supervision of a licensed mental health professional, trained staff shall provide appropriate parenting, general guidance, skill development, supervision, and behavior management designed to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. The family or group home staff shall have primary responsibility for providing for room, board, behavior management, general guidance and supervision of the youth placed in the home.

### *II. Population to be Served*

- A. The program shall have the capacity to serve youth with moderate emotional or behavioral problems and/or delinquent records, who have difficulty with interpersonal relationships, require daily supervision and monitoring, behavioral treatment and other rehabilitative interventions designed to prepare the youth for independent living. The youth may be occasionally aggressive, withdrawn, engage in antisocial acts, present a low risk of harm to self or others and show deficits in social skills, cognition or communication.
- B. If services are provided in a family based setting; the home may have no more than **six** children under age 18 residing in the home including the children of the parents. In addition,
1. There may be no more than **four** youth in the home who are unrelated to the parent's including the youth in State custody;
  2. There may be no more than **two** infants or non-ambulatory children in the home including infants/children of the treatment parents;
  3. Youth in the custody of DHS/DJJS may not be placed in the same home as youth in the custody of DHS/DCFS.
- C. The treatment home may not be the same home as that of the agency administrator, program director or any clinical or treatment staff.

### *III. Contractor Qualifications*

- A. The Contractor shall be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Residential Support Services or as Child Placing Agency that provides services through a foster care program.
- B. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- C. The Contractor shall be enrolled as a Medicaid Provider and agree to allow DHS/DJJS to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DJJS to the Contractor.
- D. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.
- E. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health evaluations, provide individual/family mental health therapy or provide group mental health therapy shall be qualified as licensed mental health therapists as defined below:
1. A licensed mental health therapist as identified in Section III-D; or
  2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as **one** of the above but enrolled in a program leading to qualification for licensure, or engaged in completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
  3. For mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.
- F. Individuals who provide Skills Development Services shall meet the qualifications as follows: licensed certified social worker; licensed registered nurse; licensed social service worker; individual certified or



credentialed to provide rehabilitative services to children; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other trained staff, working under the supervision of a licensed mental health therapist identified in Section III-E-1 and 2, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

#### *IV. Contractor Capacity*

- A. The Contractor shall have the capacity to provide the following services directly to each youth in the program:
  - 1. A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.
  - 2. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the youth's condition.
  - 3. Skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- B. Although not considered a direct part of the program, the Contractor shall have the capacity to arrange for the services listed below as indicated by the youth's evaluation or treatment plan and approved by the youth's DHS/DJJS case manager. Such services may be reimbursed by DHS/DJJS or Medicaid directly, if approved by the Division, to the Contractor of the service if Medicaid requirements are met:
  - 1. Individual/family mental health therapy by a licensed mental health therapist;
  - 2. Group mental health therapy by a licensed mental health therapist;
  - 3. Psychological evaluation by a licensed psychologist;
  - 4. Psychiatric evaluation and medication management by a licensed psychiatrist.
  - 5. Skills Development Services if provided through a licensed day treatment program by a Contractor other than the residential Contractor.
- C. The Contractor shall arrange for each youth to attend an individualized accredited educational program that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

#### *V. Staffing Requirements*

- A. Clinical
  - 1. Clinical Oversight: The program shall employ or contract with **one** or more licensed mental health therapist's to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist's shall provide at least **two** hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily census in a given month is **three**, there shall be at least **six** hours of documented service by **one** or more licensed mental health therapists for that month.);
  - 2. Treatment Services: The program shall employ or contract with a number of mental health therapists to provide direct treatment services including comprehensive evaluation and skills development services to implement treatment plans to improve youth's functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)
- B. Non-Clinical Staff
  - 1. Treatment Parent's: If services are provided through a family based treatment home, treatment home utilized by the program shall have treatment parent's (an individual or couple over age 21)

responsible for room, board, behavior management, general guidance and supervision of each youth placed in the home. The treatment parent's shall also be responsible for implementing educational/vocational plans, arranging for appropriate medical care, providing transportation, as needed, and providing other care and supervision ordinarily provided by a parent.

2. Facility Manager: If services are provided through a residential support or residential treatment facility, The program shall employ a facility manager who shall be responsible for the day-to-day supervision of the residents and the operation of the facility.
3. Other Non-Clinical Direct Care Staff: The program shall employ a number of other well-trained direct care staff to assure there is adequate **24-hour** supervision of the resident during the day, night time sleeping hours, weekends, and school hours. Trained staff may be employed to directly supervise the youth in community or school settings outside the home, provide behavior monitoring, or, crisis intervention, advocacy and linkages to other services.

#### VI. Staff to Youth Ratio

- A. For services provided in a family based treatment home, the staff to youth ratio in each treatment home may vary based on the youth's needs as determined by the licensed mental health therapist in conjunction with the youth's case manager. However, at a minimum each treatment home shall have the following:
  1. Treatment parent who is available to provide daily supervision and monitoring of each youth placed in the home;
  2. Treatment parent or other direct care staff immediately available to respond to an emergency and on-site (but not necessarily awake) during nighttime sleeping hours.
- B. For services provided in a residential support or residential treatment facility, the program shall have at a minimum a **one to four** staff to youth ratio at all times except nighttime sleeping hours. Awake nighttime supervision is not required. Staff shall be on site at all times youth are present and immediately available in emergency situations. If the program has a mixed gender population, they shall have at least **one** male and **one** female staff on duty.

#### VII. Staff Training Requirements

- A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment and prior to working with youth:
  1. Orientation to the requirements of the contract;
  2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual's personnel file;
  3. Emergency response and evacuation procedures.
- B. Direct care staff and/or treatment parents (non-clinical staff) shall receive the following additional training prior to providing direct care and/or treatment parents or supervision to youth. All direct care staff shall receive a minimum of **25** hours of training in the following subjects in addition to topics listed in paragraph A above.
  1. Basic First Aid and CPR including certification;
  2. Basic child/adolescent behavior and development;
  3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS Community Residential Care Standards and Policy.
- C. Within the first **12** months of employment, an additional **25** hours of training in the following subject areas:
  1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  2. Skills development services and documentation;
  3. Appropriate court and parole procedures;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS incident-report policy and documentation.

- D. Annually thereafter, an additional **30** hours of training based on an evaluation of individual staff training needs.
- E. All training shall be recorded as follows:
  - 1. Title of Training
  - 2. Name of the instructor
- 3. Date and time
- 4. Employee signature
- F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor.

### VIII. Evaluation and Treatment Planning

- A. **Evaluation:** Within **two** weeks of admission to the program, each youth shall have a current comprehensive mental health evaluation on file. If the evaluation is more than **30** days old or does not meet the following requirements, the Contractor shall conduct or arrange for a review, and when needed, update or conduct a new evaluation. The evaluation shall contain the following:
  - 1. Shall be developed and signed by a licensed mental health therapist after face to face contact with the youth and in consultation with the youth and other individuals who have knowledge of the youth.
  - 2. Shall contain a history and evaluation of the youth's emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.
  - 3. Shall include a summary, diagnostic results, if applicable, and recommendations for treatment.
- B. **Treatment Plan**
  - 1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist.
  - 2. The plan shall be developed within **one** month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge.
  - 3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.
  - 4. The plan shall include:
    - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy, group mental health therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
    - b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
    - c. The credentials of the individuals who will deliver the services;
    - d. Reasonable measures to evaluate whether the objectives are met;
    - e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
    - f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DJJS case manager.
- C. **Review of the Treatment Plan**
  - 1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
  - 2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.

3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding **90** days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

#### IX. Documentation

A. Facility Administrative Records: The Contractor shall develop/ maintain written documentation to support the following:

1. Current License.
2. Staff training and copies of applicable licensure.
3. Records indicating regular supervision of all direct care staff by clinical staff.
4. Weekly or daily program schedules indicating the routine and planned activities.
5. Staff attendance and time sheets.
6. Youth daily attendance and absences including reason for absence.
7. Facility incident reports.
8. Any other documentation required in the contract to assure compliance with DHS/DJJS policy and billing requirements.

B. Individual Youth Records: The Contractor shall develop and maintain written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitative Mental Health Services provided by DHS Contractors documentation requirements including:

1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
3. Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).
4. If providing psychiatric evaluations, psychological testing, or medication management service through a contract with DHS/DJJS, documentation shall be consistent with the contract standards established for those services.
5. For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
6. Youth specific incident reports.
7. Any other documentation required by the contract to assure compliance with DHS/DJJS, Medicaid, policy and billing requirements.

#### X. Rate

A. The Contractor shall be reimbursed on a fee for service basis at the current set daily rate.

B. The daily rate includes reimbursement for room and board and intensive supervision (including an allotment for clothing, hair care, personal incidentals for each youth) and treatment services including evaluation and treatment planning, skills development services and any other treatment services that are required in Section IV - Contractor Capacity. The daily rate does not include reimbursement for skills development services provided through a licensed day treatment program, group mental health therapy, Individual/family mental health therapy, psychological evaluation services, psychiatric evaluation services, medication management services by an MD. In general, academic educational costs are not covered but should be negotiated with the local school district.

C. Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available, without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the "residential absence" code for each day over two days if approved by the DHS/DJJS case manager. A "day of absence" is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An "episode" is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor's daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.



### **I. General Definition**

**24** group living services, supervision and treatment services in a residential program for **four** or more youth who have behavioral or adjustment problems. Under the supervision of a licensed mental health professional, trained staff shall provide a therapeutic group home environment, appropriate parenting, general guidance, skill development, supervision, and behavior management designed to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. The group home shall be staffed with full time trained house parents and additional staff, age 21 or older, who have primary responsibility for providing behavior management, general guidance and supervision of each youth placed in the home.

### **II. Population to be Served**

- A. The program shall have the capacity to serve youth with moderate emotional or behavioral problems and/or delinquent records, who have difficulty with interpersonal relationships in a family home environment, require a structured living environment, daily supervision and monitoring, behavioral treatment and other rehabilitative interventions. They may be occasionally aggressive, withdrawn or engage in anti social acts but present a low risk of harm to self or others. They may show deficits in social skills, cognition and communication.

### **III. Contractor Qualifications**

- A. The Contractor shall be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Support Services or Residential Treatment Services and meet applicable local health, fire safety, building, business license and zoning requirements.
- B. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- C. The Contractor shall be enrolled as a Medicaid Provider and agree to allow DHS/DJJS to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DJJS to the Contractor.
- D. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.
- E. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health evaluations, provide individual/family mental health therapy or provide group mental health therapy shall be qualified as licensed mental health therapists as defined below:
  - 1. A licensed mental health therapist as identified in Section III-D; or
  - 2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as **one** of the above but enrolled in a program leading to qualification for licensure, or engaged in completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
  - 3. For mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.
- F. Individuals who provide Skills Development Services shall meet the qualifications as follows: licensed certified social worker; licensed registered nurse; licensed social service worker; individual certified or credentialed to provide rehabilitative services to children; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other trained staff, working under the supervision of a licensed mental health therapist identified in Section III-E-1 and 2, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

### **IV. Contractor Capacity**

- A. The Contractor shall have the capacity to provide the following services directly to each youth in the program:
  - 1. A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.
  - 2. Review and update the mental health evaluation as needed based on any changes in the youth's condition.
  - 3. Daily skills development and other rehabilitative services to assist the youth to develop competence in basic living skills such as food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene, maintenance of the living environment, appropriate social interpersonal and communication skills and compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.

- B. Although not considered a direct part of the program, the Contractor shall have the capacity to arrange for the services listed below as indicated by the youth's evaluation or treatment plan and approved by the youth's DHS/DJJS case manager. Such services may be reimbursed by DHS/DJJS or Medicaid directly, if approved by DHS/DJJS, to the Contractor of the service if Medicaid requirements are met:
  - 1. Skills development or other rehabilitative services by a licensed day treatment program;
  - 2. Individual/family mental health therapy by a licensed mental health therapist;
  - 3. Group mental health therapy by a licensed mental health therapist;
  - 4. Psychological evaluation by a licensed psychologist;
  - 5. Psychiatric evaluation and medication management by a licensed psychiatrist;
- C. The Contractor shall arrange for each youth to attend an individualized accredited educational program that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

## V. Staffing Requirements

- A. Clinical
  - 1. Clinical Oversight: The program shall employ or contract with **one** or more licensed mental health therapist's to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist's shall provide at least **two** hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily census in a given month is 3, there shall be at least 6 hours of documented service by **one** or more licensed mental health therapists for that month.);
  - 2. Treatment Services: The program shall employ or contract with a number of mental health therapists/s to provide direct treatment services including comprehensive evaluation and skills development services to implement treatment plans to improve youth's functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)
- B. Non-Clinical Staff
  - 1. Facility Manager: The program shall employ a facility manager who shall be responsible for the day-to-day supervision of the youth and the operation of the facility. At a minimum, the facility manager shall have a Bachelor's degree or equivalent combination of education and related experience.
  - 2. Other Non-Clinical Direct Care Staff: The program shall employ a number of well-trained direct care staff to assure there is adequate **24** hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours.

## VI. Staff to Youth Ratio

At a minimum, the program is required to have a **one to four** staff to youth ratio at all times except nighttime sleeping hours. The program does not require awake nighttime supervision, however, staff shall be on site at all times youth are present in the facility and immediately available in emergency situations. If the program has a mixed gender population, they shall have at least **one** male and **one** female staff on duty. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.

## VII. Staff Training Requirements

- A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment and prior to working with youth:
  - 1. Orientation to the requirements of the contract;
  - 2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual's personnel file;
  - 3. Emergency response and evacuation procedures.
- B. Direct care staff and/or treatment parents (non-clinical staff) shall receive the following additional training prior to providing direct care and/or treatment parents or supervision to youth. All direct care staff shall receive a minimum of **25** hours of training in the following subjects in addition to topics listed in paragraph A above.
  - 1. Basic First Aid and CPR including certification;
  - 2. Basic youth/adolescent behavior and development;
  - 3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  - 4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  - 5. DHS/DJJS Community Residential Care Standards and Policy.
- C. Within the first **12** months of employment, an additional **25** hours of training in the following subject areas:
  - 1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  - 2. Skills development services and documentation;
  - 3. Appropriate court and parole procedures;
  - 4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  - 5. DHS/DJJS incident-report policy and documentation.
- D. Annually thereafter, an additional **30** hours of training based on an evaluation of individual staff training needs.
- E. All training shall be recorded as follows:
  - 1. Title of Training
  - 2. Name of the instructor
  - 3. Date and time

- F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor.

### VIII. Evaluation and Treatment Planning

- A. **Evaluation:** Within **two** weeks of program admission, each youth shall have a current comprehensive mental health evaluation on file. If the evaluation is more than **30** days old or does not meet the following requirements, the Contractor shall conduct or arrange for a review and, when needed, update or conduct a new evaluation. The evaluation shall contain the following:
1. Developed and signed by a licensed mental health therapist face to face contact with the youth and in consultation with the youth and other individuals who have knowledge of the youth.
  2. A history and evaluation of the youth's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.
  3. A summary, diagnostic results, if applicable, and recommendations for treatment.
- B. **Treatment Plan**
1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist.
  2. The plan shall be developed within **one** month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge.
  3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.
  4. The plan shall include:
    - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy; group mental health therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
    - b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
    - c. The credentials of the individuals who will deliver the services;
    - d. Reasonable measures to evaluate whether the objectives are met;
    - e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
    - f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DJJS case manager.
- C. **Review of the Treatment Plan**
1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
  2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.
  3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding **90** days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

### IX. Documentation

- A. **Facility Administrative Records:** The Contractor shall develop/maintain written documentation to support the following:
1. Current License.
  2. Staff training and copies of applicable licensure.
  3. Records indicating regular supervision of all direct care staff by clinical staff.
  4. Weekly or daily program schedules indicating the routine and planned activities.
  5. Staff attendance and time sheets.
  6. Youth daily attendance and absences including reason for absence.
  7. Facility incident reports.
  8. Any other documentation required in the contract to assure compliance with DHS/DJJS policy and billing requirements.
- B. **Individual Youth Records:** The Contractor shall develop and maintain written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitative Mental Health Services provided by DHS Contractors documentation requirements including:
1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
  2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
  3. Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).
  4. If providing psychiatric evaluations, psychological testing, or medication management service through a contract with DHS/DJJS, documentation shall be consistent with the contract standards established for those services.
  5. For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
  6. Youth specific incident reports.



7. Any other documentation required by the contract to assure compliance with DHS/DJJS, Medicaid, policy and billing requirements.

**X. Rate**

- A. The Contractor shall be reimbursed on a fee for service basis at the current set daily rate.
- B. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each youth) and treatment services including evaluation and treatment planning, skills development services and any other treatment services that are required in Section IV - Contractor Capacity. The daily rate does not include reimbursement for skills development services provided through a licensed day treatment program, group mental health therapy, Individual/family mental health therapy, psychological evaluation services, psychiatric evaluation services, medication management services by an MD. In general, academic educational costs are not covered but should be negotiated with the local school district.
- C. Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available, without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the "residential absence" code for each day over two days if approved by the DHS/DJJS case manager. A "day of absence" is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An "episode" is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor's daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.

- I. General Definition.** A 24-hour intensive residential treatment program for **four or more** youth that provides room & board and treatment services in a residential treatment facility. The program has full time trained treatment parents and staff to provide daily guidance, supervision and intensive behavioral intervention for youth. Services are provided under the direction of a licensed mental health therapist and Certified Teaching-Family Model Consultant. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral and developmental aspects of the youth with the expectation that the services offered shall be reasonably expected to improve the youth's condition/ prevent further regression so that services of this intensity will no longer be needed.

*Population to be Served*

The program shall have the capacity to serve youth with severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self /others or have impaired reality testing, communication, cognition, or affect. They may be sexually reactive or sexual offenders but have not displayed predatory patterns of offending, used force or weapons in committing their offenses, shown a propensity to sexually acting out with same age peers or displayed acute or chronic psychiatric disturbance. Their needs are generally not able to be met in a family-home setting and they require continuous monitoring and supervision. The family teaching home may not have children under age 18 residing in the home if the DHS/DJJS youth is an adjudicated sex offender.

### III. Contractor Qualifications

- A. Contractors of this service shall maintain a formal agreement with a Certified Teaching-Family Model Sponsor Site. This agreement includes yearly review and sign off by the certified sponsor site in the area of training, consultation, and consumer evaluations to the Teaching-Family Model standards. This agreement shall also include a formal, confidential evaluation of the Contractors primary consumer groups, i.e., youth, parents, case managers, therapists, schools, etc.
- B. The Contractor shall be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.
- C. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- D. The Contractor shall be enrolled as a Medicaid Provider and agree to allow DHS/DJJS to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DJJS to the Contractor.
- E. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.
- F. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health evaluations, provide individual/family mental health therapy or provide group mental health therapy shall be qualified as licensed mental health therapists as defined below:
  - 1. A licensed mental health therapist as identified in Section III-E; or
  - 2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as **one** of the above but enrolled in a program leading to qualification for licensure, or engaged in completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
  - 3. For mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.
- G. Individuals who provide Skills Development Services shall meet the qualifications as follows: licensed certified social worker; licensed registered nurse; licensed social service worker;

individual certified or credentialed to provide rehabilitative services to children; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other trained staff, working under the supervision of a licensed mental health therapist identified in Section III-F-1 and 2, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

#### IV. Contractor Capacity

A. The Contractor shall have the capacity to provide the following services directly to each youth in the program:

1. A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.
2. Review and update the mental health evaluation as needed, based on any changes in the youth's condition.
3. Individual/family mental health therapy by a licensed mental health therapist of as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
4. Group mental health therapy by a licensed mental health therapist of as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
5. Skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
6. Daily management of the treatment program including in home observations, behavioral data analysis, treatment planning and consultation meetings provided by a Certified Teaching-Family Model Consultant.

B. Although not considered a direct part of the program, the Contractor shall have the capacity to arrange for the services listed below as indicated by the youth's evaluation or treatment plan and approved by the youth's DHS/DJJS case manager. Such services may be reimbursed by DHS/DJJS or Medicaid directly, if approved by DHS/DJJS, to the Contractor of the service if Medicaid requirements are met:

1. Psychological testing and evaluation by a licensed Ph.D. Psychologist.
2. Psychiatric evaluation and medication management by a board certified/board eligible child psychiatrist.
3. Skills Development Services if provided through a licensed day treatment program by a Contractor other than the residential Contractor.

C. The Contractor shall arrange for each youth to attend an individualized accredited educational program that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

#### V. Staffing Requirements

##### A. Clinical

1. Clinical Oversight: **One** Certified Teaching-Family Model Consultant to provide daily management of the treatment program including in home observations, behavioral data analysis, treatment planning and consultation meetings. Whether the individual is employed or under contract, they shall provide at least **five** hours per month of documented management, supervision and training per youth per week plus 24 hour, seven days a week crisis intervention availability. If

mental health services other than skills development are prescribed or the program is treating juvenile sex offenders or sexually reactive children/youth, the Consultant shall be a licensed mental health therapist. If only skills development services are prescribed, the Consultant shall be a licensed mental health therapist, licensed registered nurse with experience in a psychiatric setting, licensed certified social worker or an individual certified or credentialed to provide rehabilitative services to children.

2. Clinical and Treatment Services: The program shall employ or contract with a sufficient number of licensed mental health therapists to provide direct treatment services to youth including a comprehensive evaluation, Individual/family mental health therapy, group mental health therapy and skills development services to implement treatment plans to improve youth's functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager: The program shall employ a facility manager who shall be responsible for the day-to-day supervision of the youth and the operation of the facility. At a minimum, the facility manager shall have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff: The program shall employ a number of well-trained direct care staff to assure there is adequate **24** hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours, to include, a trained couple as treatment Contractors. All staff shall be certified by the teaching-family model sponsor site or have the ability to be certified within **one** year of employment. They shall also receive Sponsor Site approved training, consultation, evaluation and administrative support services.

VI. Staff to Youth Ratio

At a minimum, the program shall be staffed at a ratio of **one staff to four** youth at all times except nighttime sleeping hours when staff may be reduced. The program does not require awake nighttime supervision, however, staff shall be on site at all times children/youth are present in the facility and immediately available in emergency situations. If there are both male and female youth, then **one** male and **one** female staff member shall also be on duty at all times. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.

VII. Staff Training Requirements

A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment and prior to working with youth:

1. Orientation to the requirements of the contract;
2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual's personnel file;
3. Emergency response and evacuation procedures.

**B. Direct care staff (non-clinical staff) shall receive the following additional training prior to providing direct care or supervision to youth. All direct care staff shall receive a minimum of 25 hours of training in the following subjects in addition to topics listed in paragraph A above.**

1. Basic First Aid and CPR including certification;
2. Basic child/adolescent behavior and development;
  3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.

5. DHS/DJJS Community Residential Care Standards and Policy.

C. Within the first **12** months of employment, an additional **25** hours of training in the following subject areas:

1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  2. Skills development services and documentation;
  3. Appropriate court and parole procedures;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS incident-report policy and documentation.
- D. Annually thereafter, an additional **30** hours of training based on an evaluation of individual staff training needs.
- E. All training shall be recorded as follows:
1. Title of Training
  2. Name of the instructor
  3. Date and time
  4. Employee signature
- F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor.
- VIII. Evaluation and Treatment Planning
- A. **Evaluation:** Within **two** weeks of admission to the program, each youth shall have a current comprehensive mental health evaluation on file. If the evaluation is more than **30 days** old or does not meet the following requirements, the Contractor shall conduct or arrange for a review and, when needed update or conduct a new evaluation. The evaluation shall contain the following:
1. Shall be developed and signed by a licensed mental health therapist after face to face contact with youth and in consultation with the youth and other individuals who have knowledge of the youth.
  2. Shall contain a history and evaluation of the youth's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.
  3. Shall include a summary, diagnostic results, if applicable, and recommendations for treatment.
- B. **Treatment Plan**
1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist.
  2. The plan shall be developed within **one month** of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge.
  3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.
  4. The plan shall include:
    - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy; group mental health therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
    - b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
    - c. The credentials of the individuals who will deliver the services;
    - d. Reasonable measures to evaluate whether the objectives are met;
    - e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
    - f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DJJS case worker.
- C. Review of the Treatment Plan

1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.
3. The licensed Clinician shall have sufficient face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding **90 days**, and therefore, does not have sufficient clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

IX. Documentation

- A. Facility Administrative Records: The Contractor shall develop/ maintain sufficient written documentation to support the following:
  1. Current License.
  2. Staff training and copies of applicable licensure.
  3. Records indicating regular supervision of all direct care staff by clinical staff.
  4. Weekly or daily program schedules indicating the routine and planned activities.
  5. Staff attendance and time sheets.
  6. Youth daily attendance and absences including reason for absence.
  7. Facility incident reports.
  8. Teaching-Family Model specific documentation including: multiple teaching interactions with the youth registered on a daily treatment card; treatment cards reviewed daily with the youth and analyzed by supervisory staff for therapeutic gain; target skills worksheets to relate specific and measurable skill-based interventions with the treatment plan; family group meeting documentation; consultation service delivery reports which include observation of direct care staff combined with feedback for improvement, treatment planning sessions and on-site visits.
  9. Any other documentation required in the contract to assure compliance with DHS/DJJS policy and billing requirements.
- B. Individual Youth Records: The Contractor shall develop and maintain sufficient written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitative Mental Health Services provided by DHS Contractors documentation requirements including:
  1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
  2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
  3. Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).
  4. If providing psychiatric evaluations, psychological testing, or medication management service through a contract with DHS/DJJS, documentation shall be consistent with the contract standards established for those services.
  5. For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
  6. Youth specific incident reports.
  7. Any other documentation required by the contract to assure compliance with DHS/DJJS, Medicaid, policy and billing requirements.

X. Rate

- A. The Contractor shall be reimbursed on a fee for service at the current set daily rate.
- B. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each youth) and treatment services including evaluation and treatment planning, individual/family mental health therapy, group mental health therapy, skills development services and any other treatment services that are required in Section IV - Contractor Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, medication management services by an MD. In general, academic educational costs are not covered but should be negotiated with the local school district.

- C. Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available, without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the “residential absence” code for each day over two days if approved by the DHS/DJJS case manager. A “day of absence” is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An “episode” is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor’s daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.

- I. General Definition.** A 24-hour intensive residential treatment program for **4 or more** youth that provides room & board and treatment services in a residential treatment facility that provides intensive awake night supervision. Services are provided under the direction of a licensed mental health therapist. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral and developmental aspects of the youth with the expectation that the services offered shall be reasonably expected to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed.

When housing sexual offenders this program shall meet the standards for a level 4 facility as specified by the Network on Juveniles Offending Sexually (NOJOS). Directed sex offender specific clinical intervention philosophy and technique are required.

- II. Population to be Served:** The program shall have the capacity to serve youth with severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self /others or have impaired reality testing, communication, cognition, or affect. Their needs are generally not able to be met in a family-home setting and they require continuous monitoring and supervision, including intensive awake night supervision.

Youth with adjudicated sexual offenses displaying predatory or fixated patterns of offending, use of force or weapons in committing their offenses, or a propensity to act out with same aged peers should not be placed in this treatment/supervision program level unless specified as part of a "step-down" process after appropriate treatment progress.

*Contractor Qualifications*

- A. The Contractor shall be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.
- B. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- C. The Contractor shall be enrolled as a Medicaid Provider and agree to allow DHS/DJJS to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DJJS to the Contractor.
- D. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.
- E. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health evaluations, provide individual/family mental health therapy or provide group mental health therapy shall be qualified as licensed mental health therapists as defined below:
  1. A licensed mental health therapist as identified in Section III-D; or
  2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as **one** of the above but enrolled in a program leading to qualification for licensure, or engaged in completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
  3. For mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.
- F. Individuals who provide Skills Development Services shall meet the qualifications as follows: licensed certified social worker; licensed registered nurse; licensed social service worker; individual certified or credentialed to provide rehabilitative services to children; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse,



working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other trained staff, working under the supervision of a licensed mental health therapist identified in Section III-E-1 and 2, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

#### *Contractor Capacity*

- A. The Contractor shall have the capacity to provide the following services directly to each youth in the program:
  - 1. A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.
  - 2. Review and update the mental health evaluation as needed, base on any changes in the youth's condition.
  - 3. Individual/family mental health therapy by a licensed mental health therapist of an average of **one** hour per week per youth, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
  - 4. Group mental health therapy by a licensed mental health therapist of an average of **one hour** per week per youth, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
  - 5. Daily skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- B. Although not considered a direct part of the program, the Contractor shall have the capacity to arrange for the services listed below as indicated by the youth's evaluation or treatment plan and approved by the youth's DHS/DJJS case manager. Such services may be reimbursed by DHS/DJJS or Medicaid directly, if approved by the DHS/DJJS case manager, to the Contractor of the service if Medicaid requirements are met:
  - 1. Psychological testing and evaluation by a licensed Ph.D. Psychologist.
  - 2. Psychiatric evaluation and medication management by a board certified/board eligible child psychiatrist.
  - 3. Skills Development Services if provided through a licensed day treatment program by a Contractor other than the residential Contractor.
- C. The Contractor shall arrange for each youth to attend an individualized accredited educational program that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

#### **V. Staffing Requirements**

- A. **Clinical**
  - 1. **Clinical Oversight:** The program shall employ at least **one** licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals shall provide at least **five** hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily census in a given month is **3**, there shall be at least **15** hours of documented service by **one** or more licensed mental health therapists for that month.);
  - 2. **Clinical and Treatment Services:** The program shall employ or contract with a number of licensed mental health therapists to provide direct treatment services to youth including a comprehensive evaluation, Individual/family mental health therapy, group mental health therapy and skills development services to implement treatment plans to improve youth's functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)
- B. **Non-Clinical Staff**

1. Facility Manager: The program shall employ a facility manager who shall be responsible for the day-to-day supervision of the youth and the operation of the facility. At a minimum, the facility manager shall have a Bachelor's degree or equivalent combination of education and related experience.
2. Other Non-Clinical Direct Care Staff: The program shall employ a number of well-trained direct care staff to assure there is adequate **24**-hour supervision of the youth during the day, night time sleeping hours, weekends, and school hours.

## VI.

### Staff to Youth Ratio

At a minimum, the program shall be staffed at a ratio of **one staff to four** youth at all times except nighttime sleeping hours when staff may be reduced. However, at least **two** awake direct-care staff shall be on duty during nighttime sleeping hours. If there are both male and female youth, then **one** male and **one** female staff member shall also be on duty at all times. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.

## VII. Staff Training Requirements

- A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment:
  1. Orientation to the requirements of the contract;
  2. Review of the Department of Human Services Code of Conduct, which is then signed and placed in the individual's personnel file;
  3. Emergency response and evacuation procedures.
- B. Direct care staff (non-clinical staff) shall receive the following additional training prior to providing direct care or supervision to youth. All direct care staff shall receive a minimum of **25** hours of training in the following subjects in addition to topics listed in paragraph A. above.
  1. Basic First Aid and CPR including certification;
  2. Basic child/adolescent behavior and development;
  3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS Community Residential Care Standards and Policy.
- C. Within the first **12** months of employment, an additional **25** hours of training in the following subject areas:
  1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  2. Skills development services and documentation;
  3. Appropriate court and parole procedures;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS incident-report policy and documentation.
- D. Annually thereafter, an additional **30** hours of training based on an evaluation of individual staff training needs.
- E. All training shall be recorded as follows:
  1. Title of Training
  2. Name of the instructor
  3. Date and time
  4. Employee signature
- F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor

## VIII. Evaluation and Treatment Planning

- A. Evaluation: Within **two** weeks of program admission, each youth shall have a current comprehensive mental health evaluation on file. If the evaluation is more than **30** days old or does not meet the following requirements, the Contractor shall conduct or arrange for a review and, when needed, an update or conduct a new evaluation. The evaluation shall contain the following:
  1. Developed and signed by a licensed mental health therapist after a face to face contact with the youth and in consultation with the youth and other individuals who have knowledge of the youth.

2. A history and evaluation of the youth's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.
  3. A summary, diagnostic results, if applicable, and recommendations for treatment.
  4. Use of sexual arousal materials and plethysmography for youth less than eighteen (18) years of age should not be included as methods for evaluation or treatment progress monitoring.
- B. Treatment Plan
1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist.
  2. The plan shall be developed within **one** month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge.
  3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.
  4. The plan shall include:
    - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy; group mental health therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
    - b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
    - c. The credentials of the individuals who will deliver the services;
    - d. Reasonable measures to evaluate whether the objectives are met;
    - e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
    - f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DJJS case manager.
- C. Review of the Treatment Plan
1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
  2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.
  3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding **90** days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

## IX. Documentation

- A. Facility Administrative Records: The Contractor shall develop/ maintain written documentation to support the following:
  1. Current License.
  2. Staff training and copies of applicable licensure.
3. Records indicating regular supervision of all direct care staff by clinical staff.
  4. Weekly or daily program schedules indicating the routine and planned activities.
  5. Staff attendance and time sheets.
  6. Youth daily attendance and absences including reason for absence.

7. Facility incident reports.
  8. Any other documentation required in the contract to assure compliance with DHS/DJJS policy and billing requirements.
- B. Individual Youth Records: The Contractor shall develop and maintain sufficient written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitative Mental Health Services provided by DHS Contractors documentation requirements including:
1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
  2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
  3. Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).
  4. If providing psychiatric evaluations, psychological testing, or medication management service through a contract with DHS/DJJS, documentation shall be consistent with the contract standards established for those services.
  5. For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
  6. Youth specific incident reports.
  7. Any other documentation required by the contract to assure compliance with DHS/DJJS, Medicaid, policy and billing requirements.
- X. Rate
- A. The Contractor shall be reimbursed on a fee for service at the current set daily rate.
- B. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each youth) and treatment services including evaluation and treatment planning, Individual/family mental health therapy, group mental health therapy, skills development services and any other treatment services that are required in Section IV - Contractor Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, medication management services by an MD. In general, academic educational costs are not covered but should be negotiated with the local school district.
- C. Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available, without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the "residential absence" code for each day over two days if approved by the DHS/DJJS case manager. A "day of absence" is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An "episode" is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor's daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.

- I. General Definition.** 24 hour Group living services, supervision and treatment services in a residential program for **four or more** youth who are pregnant or teen parents and when needed, their child. Under the supervision of a licensed mental health professional, trained staff shall provide a therapeutic group home environment which includes training and support related to the youth's pregnancy and parenting, general guidance, skill development, Individual/family mental health therapy, group mental health therapy, supervision, and behavior management designed to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. The program shall be staffed with full time trained house parents or staff to provide daily guidance and supervision to the youth and monitoring of the youth's care and management of their child.
- II. Population to be Served:** The program shall have the capacity to serve pregnant teens and teen parents (and their child) with moderate emotional or behavioral problems and/or delinquent records who have difficulty with interpersonal relationships in a home environment, require a structured living environment, daily supervision and monitoring, behavioral treatment and other rehabilitative interventions. They may be occasionally aggressive, withdrawn or engage in anti-social acts but present a low risk of harm to self or others. They may show deficits in social skills, cognition and communication.
- III. Contractor Qualifications**
- A. The Contractor shall be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment or Residential Support Services.
- B. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- C. The Contractor shall be enrolled as a Medicaid Provider and agree to allow DHS/DJJS to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DJJS to the Contractor.
- D. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.
- E. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health evaluations, provide individual/family mental health therapy or provide group mental health therapy shall be qualified as licensed mental health therapists as defined below:
1. A licensed mental health therapist as identified in Section III-D; or
  2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as **one** of the above but enrolled in a program leading to qualification for licensure, or engaged in completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
  3. For mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.
- F. Individuals who provide Skills Development Services shall meet the qualifications as follows: licensed certified social worker; licensed registered nurse; licensed social service worker; individual certified or credentialed to provide rehabilitative services to children; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other trained staff, working under the supervision of a licensed mental health therapist identified in Section III-E-1 and 2, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

#### *IV. Contractor Capacity*

- A. The Contractor shall have the capacity to provide the following services directly to each youth in the program:
1. A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, the prior evaluation may be updated by a licensed mental health therapist.
  2. Review and update the mental health evaluation as needed based on any changes in the youth's condition.
  3. Individual/family mental health therapy by a licensed mental health therapist of an average of **one** hour per week per youth, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
  4. Group mental health therapy by a licensed mental health therapist of an average of **one** hour per week per youth, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
  5. Skills development and other rehabilitative services to assist the child/youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- B. Although not considered a direct part of the program, the Contractor shall have the capacity to arrange for the services listed below as indicated by the youth's evaluation or treatment plan and approved by the youth's DHS/DJJS case manager. Such services may be reimbursed by DHS/DJJS or Medicaid directly, if approved by DHS/DJJS, to the Contractor of the service if Medicaid requirements are met:
1. Psychological evaluation by a licensed psychologist;
  2. Psychiatric evaluation and medication management by a licensed psychiatrist.
  3. Skills Development Services if provided through a licensed day treatment program by a Contractor other than the residential Contractor.
- C. The Contractor shall arrange for each youth to attend an individualized accredited educational program that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

#### **V. Staffing Requirements**

##### **A. Clinical**

1. Clinical Oversight: The program shall employ or contract with **one** or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist/s shall provide at least **three** hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily census in a given month is **three**, there shall be at least **nine** hours of documented service by **one** or more licensed mental health therapists for that month.);
2. Treatment Services: The program shall employ or contract with a number of mental health therapists/s to provide direct treatment services including comprehensive evaluation, Individual/family mental health therapy, group mental health therapy and skills development services to implement treatment plans to improve youth's functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)

##### **B. Non-Clinical Staff**

1. Facility Manager: The program shall employ a facility manager who shall be responsible for the day-to-day supervision of the youth and the operation of the facility. At a minimum, the facility manager shall have a Bachelor's degree or equivalent combination of education and related experience.
2. Other Non-Clinical Direct Care Staff: The program shall employ a number of well-trained direct care staff to assure there is adequate **24** hour supervision of the youth and their children during the day, night time sleeping hours, weekends, and school hours.

VI. *Staff to Youth Ratio*

At a minimum, the program is required to have a **one to four** staff to youth ratio at all times except nighttime sleeping hours. The program does not require awake nighttime supervision, however, staff shall be on site at all times youth are present in the facility and immediately available in emergency situations. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.

VII. *Staff Training Requirements*

- A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment:
  - 1. Orientation to the requirements of the contract;
  - 2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual's personnel file;
  - 3. Emergency response and evacuation procedures.
- B. Direct care staff (non-clinical staff) shall receive the following additional training prior to providing direct care or supervision to youth. All direct care staff shall receive a minimum of **25** hours of training in the following subjects in addition to topics listed in paragraph A above.
  - 1. Basic First Aid and CPR including certification;
  - 2. Basic child/adolescent behavior and development;
  - 3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  - 4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  - 5. DHS/DJJS Community Residential Care Standards and Policy.
- C. Within the first **12** months of employment, an additional **25** hours of training in the following subject areas:
  - 1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  - 2. Skills development services and documentation;
  - 3. Appropriate court and parole procedures;
  - 4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  - 5. DHS/DJJS incident-report policy and documentation.
- D. Annually thereafter, an additional **30** hours of training based on an evaluation of individual staff training needs.
- E. All training shall be recorded as follows:
  - 1. Title of Training
  - 2. Name of the instructor
  - 3. Date and time
  - 4. Employee signature
- F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor

VIII. *Evaluation and Treatment Planning*

- A. Evaluation: Within two weeks of program admission, each youth shall have a current comprehensive mental health evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the Contractor shall conduct or arrange for a review and, when needed, update or conduct a new evaluation. The evaluation shall contain the following:
  - 1. Shall be developed and signed by a licensed mental health therapist after face to face contact with youth and in consultation with the youth and other individuals who have knowledge of the youth.
  - 2. Shall contain a history and evaluation of the youth's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.
  - 3. Shall include a summary, diagnostic results, if applicable, and recommendations for treatment.

**B. Treatment Plan**

1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist.
2. The plan shall be developed within **one** month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge.
3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.
4. The plan shall include:
  - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy; group mental health therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
  - b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
  - c. The credentials of the individuals who will deliver the services;
  - d. Reasonable measures to evaluate whether the objectives are met;
  - e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
  - f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DJJS case manager.

**C. Review of the Treatment Plan**

1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.
3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding **90** days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

**IX. Documentation**

- A. Facility Administrative Records: The Contractor shall develop/maintain written documentation to support the following:
  1. Current License.
  2. Staff training and copies of applicable licensure.
  3. Records indicating regular supervision of all direct care staff by clinical staff.
  4. Weekly or daily program schedules indicating the routine and planned activities.
  5. Staff attendance and time sheets.
  6. Youth daily attendance and absences including reason for absence.
  7. Facility incident reports.
  8. Any other documentation required in the contract to assure compliance with DHS/DJJS policy and billing requirements.
- B. Individual Youth Records: The Contractor shall develop and maintain sufficient written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitative Mental Health Services provided by DHS Contractors documentation requirements including:
  1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
  2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
  3. Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).



4. If providing psychiatric evaluations, psychological testing, or medication management service through a contract with DHS/DJJS, documentation shall be consistent with the contract standards established for those services.
5. For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
6. Youth specific incident reports.
7. Any other documentation required by the contract to assure compliance with DHS/DJJS, Medicaid, policy and billing requirements.

X. *Rate*

- A. The Contractor shall be reimbursed on a fee for service at the current daily rate.
- B. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each youth) and treatment services including evaluation and treatment planning, Individual/family mental health therapy, group mental health therapy, skills development services and any other treatment services that are required in Section IV - Contractor Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, medication management services by an MD. In general, academic educational costs are not covered but should be negotiated with the local school district.
- C. Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available, without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the "residential absence" code for each day over two days if approved by the DHS/DJJS case manager. A "day of absence" is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An "episode" is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor's daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.

**I. General Definition.** A 24 hour psychiatric residential treatment program for **four** or more youth that provides room & board and treatment services in a psychiatric residential treatment program accredited by JCAHO. Services are provided under the direction of a licensed psychiatrist and include clinical oversight, diagnostic and treatment services including comprehensive mental health evaluation, Individual/family mental health therapy, group mental health therapy, skills development, psychological testing and evaluation, psychiatric evaluation, and medication management. Services are based upon a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral and developmental aspects of the youth conducted by an interdisciplinary team with the expectation that the services offered shall be reasonably expected to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed.

**II. Population to be Served:** The program shall have the capacity to serve youth with severe psychiatric, emotional, behavioral, or similar disorders who require intensive psychiatric, behavioral, medical and other structured rehabilitative interventions and continuous monitoring. They may be severely aggressive, exhibit self-destructive behavior or have grossly impaired reality testing, communication, cognition, or affect.

### *III. Contractor Qualifications*

- A. The facility shall be accredited as a Residential Treatment Facility by JCAHO.
- B. The Contractor shall be licensed by either the Utah Department of Human Services, Office of Licensing as a Residential Treatment Facility or Intermediate Secure Treatment Facility; or licensed by the Utah Department of Health to provide Residential Treatment Services.
- C. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- D. The Contractor shall be enrolled as a Medicaid Provider and agree to allow the Division to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by the Division to the Contractor.
- E. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.
- F. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health evaluations, provide Individual/family mental health therapy or provide group mental health therapy shall be qualified as licensed mental health therapists as defined below:
  - 1. A licensed mental health therapist as identified in Section III-E; or
  - 2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as **one** of the above but enrolled in a program leading to qualification for licensure, or engaged in completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
  - 3. For mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.
- G. Individuals who provide Skills Development Services shall meet the qualifications as follows: licensed certified social worker; licensed registered nurse; licensed social service worker; individual certified or credentialed to provide rehabilitative services to children; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other trained staff, working under the supervision of a licensed mental health therapist identified in Section III-F-1 and 2, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

**IV. Contractor Capacity:** The Contractor shall have the capacity to provide the following services directly to each youth in the program:

- A. A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, the prior evaluation may be updated by a licensed mental health therapist;
- B. Review and update of the mental health evaluation annually thereafter, or more frequently, if needed, based on any changes in the youth's condition;
- C. Individual/family mental health therapy by a licensed mental health therapist of an average of **two** hours per week per youth, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan;
- D. Group mental health therapy by a licensed mental health therapist of an average of **two** hours per week per youth, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan;
- E. Skills development and other rehabilitative services to assist the child/youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan;
- F. Psychological testing and evaluation by a licensed Ph.D. Psychologist;
- G. Psychiatric testing and evaluation by a licensed physician with experience in child psychiatry;
- H. Medication management services by a M.D. or R.N. as indicated by the psychiatric evaluation and directed by the physician responsible for overseeing the youth's treatment plan;
- I. Arrange for each youth to attend an individualized accredited educational program provided on site if necessary, that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

**V. Staffing Requirements:**

- A. Clinical
  - 1. Clinical Oversight
    - a. The program shall employ or contract with at least **one** licensed physician with experience in child psychiatry to provide medical direction and to review the admission, discharge, treatment plan development and ongoing review of the treatment plan for each youth in placement and provide consultation to staff or direct services to the youth.
    - b. The program shall employ at least **one** or more licensed mental health therapist's to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals shall provide at least **ten** hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily census in a given month is **5**, there shall be at least **50** hours of documented service by **one** or more licensed mental health therapists for that month.)
  - 2. Clinical and Treatment Services
    - a. The program shall employ or contract with at least **one** licensed psychologist to provide testing and evaluation services and other clinical services as necessary; and
    - b. The program shall employ or contract with a number of other clinical staff including licensed mental health therapists, licensed recreational therapists, R.N. nursing staff, licensed clinical social workers and licensed psychologists to provide direct treatment services to youth including a comprehensive evaluation of the youth needs and to implement treatment plans to improve youth functioning and prevent regression so youth can be discharged within a reasonable period of time. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)
- B. Non-Clinical Staff
  - 1. Facility Manager: The program shall employ a facility manager who shall be responsible for the day-to-day supervision of the youth and the operation of the facility. At a minimum, the facility manager shall have a Bachelor's degree or equivalent combination of education and related experience.

2. Other Non-Clinical Direct Care Staff - The program shall employ a number of well-trained direct care staff to assure there is adequate **24** hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.

## VI. Staff to Youth Ratio

At a minimum, the program shall be staffed at a ratio of **one staff to four** youth at all times except nighttime sleeping hours when staff may be reduced. However, at least **two** awake direct-care staff shall be on duty during nighttime sleeping hours. If there are both male and female youth, then **one** male and **one** female staff member shall also be on duty at all times. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.

## VII. Staff Training Requirements

- A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment:
  1. Orientation to the requirements of the contract;
- B. Direct care staff (non-clinical staff) shall receive the following additional training prior to providing direct care or supervision to youth. All direct care staff shall receive a minimum of **25** hours of training in the following subjects in addition to topics listed in paragraph A above.
  1. Basic First Aid and CPR including certification;
  2. Basic child/adolescent behavior and development;
  3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS Community Residential Care Standards and Policy.
- C. Within the first **12** months of employment, an additional **25** hours of training in the following subject areas:
  1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  2. Skills development services and documentation;
  3. Appropriate court and parole procedures;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS incident-report policy and documentation.
- D. Annually thereafter, an additional **30** hours of training based on an evaluation of individual staff training needs.
- E. All training shall be recorded as follows:
  1. Title of Training
  2. Name of the instructor
  3. Date and time
  4. Employee signature
- F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor

## VIII. Evaluation and Treatment Planning

- A. Evaluation: Within **two** weeks of program admission youth shall have a current comprehensive mental health evaluation on file. If the evaluation is more than 30 days old or does not meet the following requirements, the Contractor shall conduct or arrange for a review and, when needed, an update or conduct a new evaluation. The evaluation shall contain the following:
  1. Shall be developed and signed by a licensed mental health therapist after face to face contact with the youth and in consultation with the child/youth and other individuals who have knowledge of the youth;
  2. Shall contain a history and evaluation of the youth's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status;
  3. Shall include a summary, diagnostic results, if applicable, and recommendations for treatment.
- B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan shall be developed by an interdisciplinary team which includes, at a minimum the following:
    - a. A licensed physician with experience in child psychiatry; and
    - b. A licensed clinical psychologist if the psychologist was involved in the evaluation of the child or the evaluation indicates the need for psychological testing and evaluation; and
    - c. At least **one** or more other licensed mental health therapist/s.
  2. The plan shall be developed within **one** month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge;
  3. At a minimum, the plan shall address youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health.
  4. The plan shall include:
    - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy; group mental health therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
    - b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
    - c. The credentials of the individuals who will deliver the services;
    - d. Reasonable measures to evaluate whether the objectives are met;
    - e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
    - f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan, the other members of the interdisciplinary team and evidence of approval of the Division case manager.
- C. Review of the Treatment Plan
1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
  2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.
  3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding 90 days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

## IX. Documentation

- A. Facility Administrative Records: The Contractor shall develop/maintain written documentation to support the following:
1. Current License.
  2. Staff training and copies of applicable licensure.
  3. Records indicating regular supervision of all direct care staff by clinical staff.
  4. Weekly or daily program schedules indicating the routine and planned activities.
  5. Staff attendance and time sheets.
  6. Youth daily attendance and absences including reason for absence.
  7. Facility incident reports.
  8. Any other documentation required in the contract to assure compliance with Division policy and billing requirements.

- B. Individual Youth Records: The Contractor shall develop and maintain written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitative Mental Health Services provided:
1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
  2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
  3. Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).
  4. Psychological testing. Documentation shall include: dates of testing; specific services rendered; duration of the services; signature and title of individual who rendered the services; and written test reports which include a brief history; tests administered; test scores; evaluation of test results; current functioning of the examinee; diagnoses; prognosis; and specific treatment recommendations for health, mental health, educational, and social services.
  5. Medication Management by a MD or RN. Documentation shall include for each session: medication order or copy of the prescription signed by the prescribing practitioner; date of service; duration of service; specific service rendered; treatment goal(s); written note summarizing the youth's progress toward treatment goal(s); signature and title of individual who rendered the services;
  6. For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
  7. Youth specific incident reports.
  8. Any other documentation required by the contract to assure compliance with DHS, Medicaid, policy and billing requirements.
- X. Rate
- A. The Contractor shall be reimbursed on a fee for service at the current set daily rate.
- B. The daily rate includes reimbursement for room and board (including an allotment for clothing, hair care, personal incidentals for each youth), supervision, clinical oversight, and diagnostic and treatment services including comprehensive mental health evaluation, Individual/family mental health therapy, group mental health therapy, skills development, psychological testing and evaluation, psychiatric evaluation, medication management and any other treatment services that are required in Section IV - Contractor Capacity. In general, academic educational costs are not covered but should be negotiated with the local school district.
- C. Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the "residential absence" code for each day over two days if approved by the DHS/DJJS case manager. A "day of absence" is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An "episode" is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor's daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.

- I. General Definition:** A 24 hour intensive residential program for **four or more** adjudicated youth with cognitive impairments, that provides room & board, non secure intensive supervision and therapy services in a residential treatment facility. Services are provided under the direction of a licensed mental health therapist. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral and developmental aspects of the youth with the expectation that the services offered shall be reasonably expected to improve the youth's condition or prevent further regression so that services of this intensity will no longer be needed. Treatment services include a constellation of treatment modalities with a primary focus on psycho-social education and training groups to include but not limited to daily living and social skills, family, individual and group mental health therapy. If the program serves adolescent sexual offenders, it addresses treatment needs related to sexual offending behavior and/or sexually reactive behavior, provides an offense specific risk and clinical evaluation and behavioral strategies to reduce deviant sexual arousal and strategies based on the youth's assault cycle to assist in relapse prevention.
- II. Population to be Served:** The program shall have the capacity to serve those adjudicated youth who are either: (1) Cognitively impaired adolescent juvenile sex offenders with a broad range of sexual offenses and/or sexually reactive behavior. This includes adolescents with patterned, repetitious sexual offenses and acting out behavior. They may have displayed predatory or fixated patterns of offending, use of force or weapons in committing their offenses, and/or a propensity to act out with same aged peers besides their victims. They often have a prior treatment history and present a significant risk to the community; or (2) Cognitively impaired children/youth with severe emotional, behavioral, or similar disorders. They may be aggressive or markedly withdrawn, socially isolated, present a moderate risk of causing harm to self /others or have impaired reality testing, communication, cognition, or affect. Their needs are generally not able to be met in a family-home setting and they require continuous monitoring and supervision, including intensive awake night supervision.

### *III. Contractor Qualifications*

- A. The Contractor shall be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.
- B. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- C. The Contractor shall be enrolled as a Medicaid Provider and agree to allow DHS/DJJS to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DJJS to the Contractor.
- D. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.
- E. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health evaluations, provide individual/family mental health therapy or provide group mental health therapy shall be qualified as licensed mental health therapists as defined below:
1. A licensed mental health therapist as identified in Section III-D; or
  2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as **one** of the above but enrolled in a program leading to qualification for licensure, or engaged in completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
  3. For mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.
- F. Individuals who provide Skills Development Services shall meet the qualifications as identified in Sections III-E-1 and 2 or be qualified as follows: licensed certified social worker; licensed registered nurse; licensed social service worker; individual certified or credentialed to provide rehabilitative services to children; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working

under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other trained staff, working under the supervision of a licensed mental health therapist identified in Section III-E-1 and 2, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

#### ***IV. Contractor Capacity***

- A. The Contractor shall have the capacity to provide the following services directly to each youth in the program:
1. A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, the prior evaluation may be updated by a licensed mental health therapist. Sexual Offender programs shall also include a sexual offense specific risk evaluation.
  2. Review and update the mental health evaluation as needed based on any changes in the youth's condition.
  3. Individual/family mental health therapy by a licensed mental health therapist of an average of **one** hour per week per youth, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
  4. Group mental health therapy by a licensed mental health therapist of an average of **one** hour per week per youth, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
  5. Family sessions (individual/group) and/or training for the parents in behavioral management strategies as indicated by evaluation and directed by the licensed mental health professional responsible for overseeing the youth's plan of care;
  6. Skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- B. Although not considered a direct part of the program, the Contractor shall have the capacity to arrange for the services listed below as indicated by the youth's evaluation or treatment plan and approved by the youth's DHS/DJJS case manager. Such services may be reimbursed by DHS/DJJS or Medicaid directly, if approved by DHS/DJJS, to the Contractor of the service if Medicaid requirements are met:
1. Psychological testing and evaluation by a licensed Ph.D. Psychologist.
  2. Psychiatric evaluation by a board certified/board eligible child psychiatrist.
  3. Medication management services by a M.D. or R.N. as indicated by the psychiatric evaluation.
- C. The Contractor shall arrange for each youth to attend an individualized accredited educational program that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

#### **V. Staffing Requirements**

- A. Clinical
1. Clinical Oversight: The program shall employ at least **one** licensed mental health therapists to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals shall provide at least **five** hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily census in a given month is **three**, there shall be at least **15** hours of documented service by **one** or more licensed mental health therapists for that month.);
  2. Clinical and Treatment Services: The program shall employ or contract with a number of licensed mental health therapists to provide direct treatment services to youth including a comprehensive evaluation, Individual/family mental health therapy, group mental health therapy, family therapy and skills development services to implement treatment plans to improve youth's functioning and



prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)

B. Non-Clinical Staff

1. Facility Manager: The program shall employ a facility manager who shall be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager shall have a Bachelor's degree or equivalent combination of education and related experience.
2. Other Non-Clinical Direct Care Staff: The program shall employ a number of well-trained direct care staff to assure there is adequate **24**-hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.

VI. **Staff to Youth Ratio**

At a minimum, the program shall be staffed at a ratio of **one staff to three** youth at all times except nighttime sleeping hours when staff may be reduced. However, at least **two** awake direct-care staff shall be on duty during nighttime sleeping hours. If there are both male and female youth, then **one** male and **one** female staff member shall also be on duty at all times. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.

VII. *Staff Training Requirements*

- A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment:
1. Orientation to the requirements of the contract;
  2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual's personnel file;
  3. Emergency response and evacuation procedures.
- B. Direct care staff (non-clinical staff) shall receive the following additional training prior to providing direct care or supervision to youth. All direct care staff shall receive a minimum of **25** hours of training in the following subjects in addition to topics listed in paragraph A above.
1. Basic First Aid and CPR including certification;
  2. Basic child/adolescent behavior and development;
  3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS Community Residential Care Standards and Policy.
- C. Within the first **12** months of employment, an additional **25** hours of training in the following subject areas:
1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  2. Skills development services and documentation;
  3. Appropriate court and parole procedures;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS incident-report policy and documentation.
- D. Annually thereafter, an additional **30** hours of training based on an evaluation of individual staff training needs.
- E. All training shall be recorded as follows:
1. Title of Training
  2. Name of the instructor
  3. Date and time
  4. Employee signature
- F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor

VIII. **Evaluation and Treatment Planning**

- A. **Evaluation:** Within **two** weeks of admission to the program, each youth shall have a current comprehensive evaluation on file. If the evaluation is more than **30** days old or does not meet the following requirements,

the Contractor shall conduct or arrange for a review, and when needed, update or conduct a new evaluation. The evaluation shall contain the following:

1. Developed and signed by a licensed mental health therapist after a face to face contact with the youth and in consultation with the youth and other individuals who have knowledge of the youth.
2. A history and evaluation of the youth's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status.
3. A summary, diagnostic results, if applicable, and recommendations for treatment.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist.
2. The plan shall be developed within **one** month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge.
3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health. For Sexual Offender programs, the plan shall also address strategies for work on the youth's assault cycle, relapse prevention and behavioral strategies to reduce deviant sexual arousal.
4. The plan shall include:
  - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy; group mental health therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
  - b. Therapies, activities and experiences shall include offense specific treatment groups, psycho-educational groups to include but not be limited to daily living and social skills, sex education (including AIDS and sexually transmitted diseases) and family sessions. Sex education should be responsive to offender specific issues, integrated with treatment goals, and should assist the youth in confronting cognitive distortions. Family sessions shall address sex offender specific issues. Methods to assure offender accountability shall be well defined;
  - c. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
  - d. The credentials of the individuals who will deliver the services;
  - e. Reasonable measures to evaluate whether the objectives are met;
  - f. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
  - g. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DJJS case manager.

C. Review of the Treatment Plan

1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.
3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding **90** days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

## IX. Documentation

- A. Facility Administrative Records: The Contractor shall develop/ maintain written documentation to support the following:
  - 1. Current License.
  - 2. Staff training and copies of applicable licensure.
  - 3. Records indicating regular supervision of all direct care staff by clinical staff.
  - 4. Weekly or daily program schedules indicating the routine and planned activities.
  - 5. Staff attendance and time sheets.
  - 6. Youth daily attendance and absences including reason for absence.
  - 7. Facility incident reports.
  - 8. Any other documentation required in the contract to assure compliance with DHS/DJJS policy and billing requirements.
- B. Individual Youth Records: The Contractor shall develop and maintain sufficient written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitative Mental Health Services provided by DHS Contractors documentation requirements including:
  - 1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
  - 2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
  - 3. Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).
  - 4. If providing psychiatric evaluations, psychological testing, or medication management service through a contract with DHS/DJJS, documentation shall be consistent with the contract standards established for those services.
  - 5. For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
  - 6. Youth specific incident reports.
  - 7. Any other documentation required by the contract to assure compliance with DHS/DJJS, Medicaid, policy and billing requirements

## X. Rate

- A. The Contractor shall be reimbursed on a fee for service at the current set daily rate.
- B. The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each youth) and treatment services including evaluation and treatment planning, Individual/family mental health therapy, group mental health therapy, skills development services and any other treatment services that are required in Section IV - Contractor Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, medication management services by a MD, or polygraph, or plethysmograph testing. In general, academic educational costs are not covered but should be negotiated with the local school district.
- C. Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available, without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the "residential absence" code for each day over two days if approved by the DHS/DJJS case manager. A "day of absence" is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An "episode" is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor's daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.

- I. General Definition.** A 24 hour intensive residential treatment program for **4 or more** juvenile sex offenders that provides room & board, maximum non secure supervision and intensive clinical intervention in a residential treatment facility meeting standards for a level 6 facility as specified by the **Network on Juveniles Offending Sexually(NOJOS)**. The program shall be able to address the treatment needs of the full range of juvenile sexual offenders and provide an offense specific risk and clinical evaluation. Treatment services include a constellation of treatment modalities which include offense specific treatment groups, psycho-social education and training groups to include but not limited to daily living and social skills, sex education, family, individual and group mental health therapy. Treatment includes behavioral strategies to reduce deviant sexual arousal and strategies based on the youth's assault cycle to assist in relapse prevention. Services are based on a comprehensive diagnostic evaluation of the medical, psychological, social, behavioral and developmental aspects of the child/youth with the expectation that the services offered shall be reasonably expected to improve the child/youth's condition or prevent further regression so that services of this intensity will no longer be needed.
- II. Population to be Served:** The program shall have the capacity to serve adolescent juvenile sex offenders with a broad range of sexual offenses. They include adolescents with patterned, repetitious sexual offenses and acting out behavior. They may have displayed predatory or fixated patterns of offending, use of force or weapons in committing their offenses, and/or a propensity to act out with same aged peers besides their victims. They often have a prior treatment history and present a significant risk to the community. They may also have severe emotional and behavioral problems.

### *III. Contractor Qualifications*

- A. The Contractor shall meet standards for a level six facility as specified by the **Network on Juveniles Offending Sexually (NOJOS)**.
- B. The Contractor shall be licensed by the Utah Department of Human Services, Office of Licensing to provide Residential Treatment Services, Intermediate Secure Treatment Services or licensed by the Utah Department of Health to provide Residential Treatment Services.
- C. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- D. The Contractor shall be enrolled as a Medicaid Provider and agree to allow DHS/DJJS to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DJJS to the Contractor.
- E. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.
- F. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health evaluations, provide individual/family mental health therapy or provide group mental health therapy shall be qualified as licensed mental health therapists as defined below:
  - 1. A licensed mental health therapist as identified in Section III-F; or
  - 2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as **one** of the above but enrolled in a program leading to qualification for licensure, or engaged in completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
  - 3. For mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.
- G. Individuals who provide Skills Development Services shall meet the qualifications as follows: licensed certified social worker; licensed registered nurse; licensed social service worker; individual certified or credentialed to provide rehabilitative services to children; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other

trained staff, working under the supervision of a licensed mental health therapist identified in Section III-F, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

IV.

*Contractor Capacity*

- A. The Contractor shall have the capacity to provide the following services directly to each youth in the program:
1. A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, the prior evaluation may be updated by a licensed mental health therapist. The evaluation shall also include a sexual offense specific risk evaluation.
  2. Review and update the mental health evaluation as needed based on any changes in the youth's condition.
  3. Individual mental health therapy by a licensed mental health therapist **one to four** hours per week with an expected average of **two** hours per week per youth, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
  4. Group mental health therapy by a licensed mental health therapist of an average of **four to ten** hours per week with an expected average of **six** hours per week per youth, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
  5. Family sessions (individual/group) by a licensed mental health therapist **one to four** hours per month with an expected average of **two** hours per month unless otherwise indicated by evaluation and directed by the licensed mental health professional responsible for overseeing the youth's plan of care;
  6. Skills development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, and compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- B. Although not considered a direct part of the program, the Contractor shall have the capacity to arrange for the services listed below as indicated by the youth's evaluation or treatment plan and approved by the youth's DHS/DJJS case manager. Such services may be reimbursed by DHS/DJJS or Medicaid, if approved by DHS/DJJS, directly to the Contractor of the service if Medicaid requirements are met:
1. Psychological testing and evaluation by a licensed Ph.D. Psychologist;
  2. Psychiatric evaluation and medication management by a board certified/board eligible child psychiatrist.
  3. Skills Development Services if provided through a licensed day treatment program by a Contractor other than the residential Contractor.
- C. The Contractor shall arrange for each youth to attend an individualized accredited educational program that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

V. **Staffing Requirements**

- A. Clinical
1. Clinical Oversight: The program shall employ at least **one** licensed mental health therapists to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. The individual or individuals shall provide at least **five** hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily census in a given month is **3**, there shall be at least **15** hours of documented service by **one** or more licensed mental health therapists for that month.);
  2. Clinical and Treatment Services - The program shall employ or contract with a number of licensed mental health therapists to provide direct treatment services to youth including a comprehensive evaluation, Individual/family mental health therapy, group mental health therapy and skills development services to implement treatment plans to improve youth's functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)

- B. Non-Clinical Staff
  - 1. Facility Manager: The program shall employ a facility manager who shall be responsible for the day-to-day supervision of the youth and the operation of the facility. At a minimum, the facility manager shall have a Bachelor's degree or equivalent combination of education and related experience.
  - 2. Other Non-Clinical Direct Care Staff: The program shall employ a number of well-trained direct care staff to assure there is adequate **24**-hour supervision of the youth during the day, nighttime sleeping hours, weekends, and school hours.

## VI. Staff to Youth Ratio

At a minimum, the program shall be staffed at a ratio of **one staff to three** youth at all times except nighttime sleeping hours when staff may be reduced. However, at least **two** awake direct-care staff or a ratio of **1 staff to five** youth (whichever is greater in number of staff) shall be on duty during nighttime sleeping hours. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.

## VII. Staff Training Requirements

- A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment:
  - 1. Orientation to the requirements of the contract;
  - 2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual's personnel file;
  - 3. Emergency response and evacuation procedures.
- B. Direct care staff (non-clinical staff) shall receive the following additional training prior to providing direct care or supervision to youth. All direct care staff shall receive a minimum of **25** hours of training in the following subjects in addition to topics listed in paragraph A above.
  - 1. Basic First Aid and CPR including certification;
  - 2. Basic child/adolescent behavior and development;
  - 3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  - 4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  - 5. DHS/DJJS Community Residential Care Standards and Policy.
- C. Within the first **12** months of employment, an additional **25** hours of training in the following subject areas:
  - 1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  - 2. Skills development services and documentation;
  - 3. Appropriate court and parole procedures;
  - 4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  - 5. DHS/DJJS incident-report policy and documentation.
- D. Annually thereafter, an additional **30** hours of training based on an evaluation of individual staff training needs.
- E. All training shall be recorded as follows:
  - 1. Title of Training
  - 2. Name of the instructor
  - 3. Date and time
  - 4. Employee signature
- F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor

## VIII. Evaluation and Treatment Planning

- A. Evaluation: Within **two** weeks of admission to the program, each youth shall have a current comprehensive evaluation on file. If the evaluation is more than **30** days old or does not meet the following requirements,

the Contractor shall conduct or arrange for a review, and when needed, update or new evaluation. The evaluation shall contain the following:

1. Developed and signed by a licensed mental health therapist after a face to face contact with the youth and in consultation with the youth and other individuals who have knowledge of the youth.
2. A history and evaluation of the youth's, emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status. The evaluation shall also include a sexual offense specific risk evaluation.
3. A summary, diagnostic results, if applicable, and recommendations for treatment.
4. Use of sexual arousal materials and plethysmography for youth less than eighteen (18) years of age should not be included as methods for evaluation or treatment progress monitoring.

B. Treatment Plan

1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist.
2. The plan shall be developed within **one** month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge.
3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health; strategies for work on the youth's assault cycle, relapse prevention and behavioral strategies to reduce deviant sexual arousal.
4. The plan shall include:
  - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy; group mental health therapy, medication management, additional or on going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
  - b. Therapies, activities and experiences shall include offense specific treatment groups, psycho-educational groups to include but not be limited to daily living and social skills, sex education (including AIDS and sexually transmitted diseases) and family sessions. Sex education should be responsive to offender specific issues, integrated with treatment goals, and should assist the youth in confronting cognitive distortions. Family sessions shall address sex offender specific issues. Methods to assure offender accountability shall be well defined;
  - c. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter
  - d. The credentials of the individuals who will deliver the services;
  - e. Reasonable measures to evaluate whether the objectives are met;
  - f. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
  - g. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DJJS case manager.

C. Review of the Treatment Plan

1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished and the need for the youth's continued participation in the program.
3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the

youth during the preceding **90** days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

**IX.**      *Documentation*

- A.      Facility Administrative Records: The Contractor shall develop/ maintain written documentation to support the following:
  - 1.      Current License.
  - 2.      Staff training and copies of applicable licensure.
  - 3.      Records indicating regular supervision of all direct care staff by clinical staff.
  - 4.      Weekly or daily program schedules indicating the routine and planned activities.
  - 5.      Staff attendance and time sheets.
  - 6.      Youth daily attendance and absences including reason for absence.
  - 7.      Facility incident reports.
  - 8.      Any other documentation required in the contract to assure compliance with DHS/DJJS policy and billing requirements.
- B.      Individual Youth Records: The Contractor shall develop and maintain sufficient written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitative Mental Health Services provided by DHS Contractors documentation requirements including:
  - 1.      Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
  - 2.      Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
  - 3.      Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).
  - 4.      If providing psychiatric evaluations, psychological testing, or medication management service through a contract with DHS/DJJS, documentation shall be consistent with the contract standards established for those services.
  - 5.      For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
  - 6.      Youth specific incident reports.
  - 7.      Any other documentation required by the contract to assure compliance with DHS/DJJS, Medicaid, policy and billing requirements.

**X.**      *Rate*

- A.      The Contractor shall be reimbursed on a fee for service at the current set daily rate.
- B.      The daily rate includes reimbursement for room and board and supervision (including an allotment for clothing, hair care, personal incidentals for each youth) and treatment services including evaluation and treatment planning, Individual/family mental health therapy, group mental health therapy, skills development services and any other treatment services that are required in Section IV - Contractor Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, medication management services by an MD. In general, academic educational costs are not covered but should be negotiated with the local school district.
- C.      Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available, without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the "residential absence" code for each day over two days if approved by the DHS/DJJS case manager. A "day of absence" is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An "episode" is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor's daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.



**I. General Definition:** A unique **24** hour structured, group living program providing supervision, care and treatment services for emotionally and/or behaviorally disordered youth in an outdoor setting licensed by DHS. The program provides an integration of therapies, activities and experiences that includes a comprehensive mental health evaluation, individual/family mental health therapy, group mental health therapy, skills development services, experiential learning and other rehabilitative services designed to improve the youth's functioning. This will promote trust and mutual support within the group, stimulate the growth of problem solving skills and impulse control, enhance the youth's self-sufficiency, and foster positive interpersonal relationships. Therapeutic interventions are based on a written individualized treatment plan to improve the youth's social, behavioral and emotional functioning so that services of this intensity will no longer be needed.

**II. Population to be Served:**

The program has the capacity to serve youth with moderate to severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring. They may be aggressive, withdrawn or engage in antisocial acts and present a moderate risk of harm to self or others. They may have impaired reality testing and show deficits in social skills, cognition and communication.

**III. Contractor Qualifications:**

- A. The Contractor shall be licensed by the Utah Department of Human Services, Office of Licensing to provide Outdoor Youth Programs and meet applicable local health, fire safety, building, business license and zoning requirements.
- B. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).
- C. The Contractor shall be enrolled as a Medicaid Provider and agree to allow DHS/DJJS to bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DJJS to the Contractor.
- D. Individuals who provide clinical oversight of the program (See Section V-A-1) shall be qualified as a licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended: licensed physician, licensed psychologist, licensed clinical social worker, licensed advanced practice registered nurse, licensed marriage and family therapist, licensed professional counselor.
- E. Individuals who prescribe mental health services, develop, review and approve treatment plans, provide mental health evaluations, provide individual/family mental health therapy or provide group mental health therapy shall be qualified as licensed mental health therapists as defined below:
  1. A licensed mental health therapist as identified in Section III-D; or
  2. As allowed by the Utah Department of Commerce Division of Professional Licensing (DOPL) rules and regulations to provide mental health therapy, an individual not currently licensed as **one** of the above but enrolled in a program leading to qualification for licensure, or engaged in completion of approved clinical training after completion of the education and working under the supervision of a licensed mental health therapist as prescribed by DOPL.
  3. For mental health evaluations, the following individuals may participate as part of a multi-disciplinary team in the evaluation process by gathering the psycho-social data when working under the supervision of a licensed mental health therapist: licensed certified social worker, licensed social service worker, licensed registered nurse or licensed practical nurse.
- F. Individuals who provide Skills Development Services shall meet the qualifications as follows: licensed certified social worker; licensed registered nurse; licensed social service worker; individual certified or credentialed to provide rehabilitative services to children; student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker; student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker; licensed practical nurse; or other trained staff, working under the supervision of a licensed mental health therapist identified in Section III-E-1 and 2, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

**IV. Contractor Capacity**

- A. The Contractor shall have the capacity to provide the following services directly to each youth in the program:
  1. A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, a licensed mental health therapist may update the prior evaluation.
  2. Individual/family mental health therapy by a licensed mental health therapist may be provided as indicated by the evaluation and written in treatment plan.
  3. Group mental health therapy by a licensed mental health therapist of an average of **one** hour per week per

youth, unless otherwise indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.

4. Daily skill development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
- B. Although not considered a direct part of the program, the Contractor shall have the capacity to arrange for the services listed below as indicated by the youth's evaluation or treatment plan and approved by the youth's DHS/DJJS case manager. Such services may be reimbursed by DHS/DJJS or Medicaid directly, if approved by DHS/DJJS, to the Contractor of the service if Medicaid requirements are met:
  1. Psychological evaluation by a licensed psychologist;
  2. Psychiatric evaluation and medication management by a licensed psychiatrist.
  3. Skills Development Services if provided through a licensed day treatment program by a Contractor other than the residential Contractor.
- C. The Contractor shall arrange for each youth to participate in an individualized accredited educational program that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.

## V. Staffing Requirements

### A. Clinical

1. Clinical Oversight: The program shall employ or contract with **one** or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist/s shall provide at least **three** hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily census in a given month is **three**, there shall be at least **nine** hours of documented service by **one** or more licensed mental health therapists for that month.);
2. Treatment Services: The program shall employ or contract with a number of mental health therapist/s to provide direct treatment services including comprehensive evaluation, Individual/family mental health therapy, group mental health therapy and skills development services to implement treatment plans and improve the youth's functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)

### B. Non-Clinical Staff

1. Field Director: The program shall employ a field director who coordinates field operations, manages field staff and operates the office. The field director shall regularly visit in the field a minimum of **twice** weekly, prepare reports of each visit, document conditions and interactions of youth and staff, and ensure compliance with standards and the quality of the program. At a minimum, the field director shall have a Bachelor's degree or equivalent combination of education and related experience.
2. Other Non-Clinical Direct Care Staff: The program shall employ a number of other well-trained direct care staff to assure there is adequate **24-hour** supervision of the youth at all times.

## VI. Staff to Youth Ratio

At a minimum, the program is required to have a **one to four** staff to youth ratio at all times. The program may require awake nighttime supervision; however, staff shall be available at all times for emergency situations. If the program has a mixed gender population they shall have at least **one** male and **one** female on duty at all times. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times

## VII. Staff Training Requirements

- A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment:
  1. Orientation to the requirements of the contract;
  2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual's personnel file;
  3. Emergency response and evacuation procedures.
- B. Direct Care Staff (non-Clinical Staff): In addition to the above requirements, the Contractor shall provide a minimum of at least **eighty (80)** hours of pre-service training in the subject areas as listed below. Training shall be completed before any supervision of youth occurs. Initial staff training shall not be considered completed until the staff has demonstrated to the field director, proficiency in each of the following:
  1. Counseling, teaching, and supervisory skills,
  2. Water, food, and shelter procurement, preparation and conservation,
  3. Low impact wilderness expedition and environmental conservation skills and procedures,

4. Consumer management, including containment, control, safety, conflict resolution, and behavior management,
  5. Instruction in safety procedures and safe equipment use; fuel, fire, life protection, and related tools,
  6. Instruction in emergency procedures; medical, evacuation, weather, signaling, fire, runaway and lost consumers,
  7. Sanitation procedures; water, waste, food, etc.,
  8. Wilderness medicine, including health issues related to acclimation, exposure to the environment and environmental elements,
  9. CPR, standard first aid, and first aid kit contents and certification of each,
  10. Local environmental precautions, including terrain, weather, insects, poisonous plants, response to adverse situations and emergency evacuation,
  11. Leadership and judgment,
  12. Report writing, including development and maintenance of logs and journals, and
  13. Federal, state, and local regulations, including Department of Human Services, Bureau of Land Management, United States Forest Service, National Parks Service, Utah State Department of Fish and Game.
- C. The completion of the minimum **80** hours initial staff training shall be documented, and the documents maintained in each personnel file.
  - D. The field director shall document in each personnel file that the staff has demonstrated proficiency in each of the required topic areas as listed in B. above.
  - E. The initial staff training and demonstration of proficiency shall be completed and documented before staff may count as a staff in the required staff/consumer ratio.
  - F. The program shall also provide on-going training to staff in order to improve their proficiency in knowledge and skills, and to maintain certifications. This training shall also be documented.
  - G. Outdoor Impact Staff shall complete an initial staff training to consist of a **seven** day academic curriculum that includes a **four** day practicum or field training and CPR and standard First Aid certification. Training shall be completed before any supervision of youth occurs.
  - H. If the program provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, assessment and treatment issues;
  - I. Annually thereafter, an additional **30** hours of training based on an assessment of individual staff training needs is required of all direct care staff.
  - J. Other training as needed based on the Contractors program and assessment of individual staff training needs.
  - K. The Contractor shall maintain individual employee training records as a part of the personnel file. The record shall at a minimum include
    1. Title of the training topic/course name,
    2. Name of the instructor,
    3. Date, time and place of training,
    4. Employee signature on attendance roll,
    5. Competency test results/score.
  - L. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor.

### **VIII. Evaluation and Treatment Planning**

- A. Evaluation: Within **two** weeks of admission to the program, each youth shall have a current comprehensive mental health evaluation on file. If the evaluation is more than **30** days old or does not meet the following requirements, the Contractor shall conduct or arrange for a review and, when needed, conduct a new evaluation. The evaluation shall contain the following:
  1. Developed and signed by a licensed mental health therapist after face to face contact with youth and in consultation with the youth and other individuals who have knowledge of the youth;
  2. A history and evaluation of the youth's emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status;
  3. A summary, diagnostic results, if applicable, and recommendations for treatment.
- B. Treatment Plan
  1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist;
  2. The plan shall be developed within **one** month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge;
  3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic

- living skills; academic educational/vocational; mental and physical health;
4. The plan shall include:
    - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy, group mental health therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
    - b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
    - c. The credentials of the individuals who will deliver the services;
    - d. Reasonable measures to evaluate whether the objectives are met;
    - e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
    - f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DJJS case manager.
  - C. Review of the Treatment Plan
    1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
    2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished, and the need for the youth's continued participation in the program.
    3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding **90** days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

## **IX. Documentation**

- A. Facility Administrative Records: The Contractor shall develop/maintain written documentation to support the following:
  1. Current license.
  2. Staff training and copies of applicable licensure.
  3. Records indicating regular supervision of all direct care staff by clinical staff.
  4. Weekly or daily program schedules indicating the routine and planned activities.
  5. Staff attendance and time sheets.
  6. Youth daily attendance and absences including reason for absence.
  7. Field incident reports.
  8. Any other documentation required in the contract to assure compliance with DHS/DJJS policy and billing requirements.
- B. Individual Youth Records: The Contractor shall develop and maintain sufficient written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitative Mental Health Services provided by DHS Contractors documentation requirements including:
  1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
  2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
  3. Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).
  4. If providing psychiatric evaluations, psychological testing, or medication management service through a contract with DHS/DJJS, documentation shall be consistent with the contract standards established for those services.
  5. For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
  6. Youth specific incident reports.
  7. Any other documentation required by the contract to assure compliance with DHS/DJJS, Medicaid, policy and billing requirements.

## **X. Rate**

- A. The Contractor shall be reimbursed on a fee for service basis at the current set daily rate.
- B. The daily rate includes reimbursement for room and board and intensive supervision (including an allotment for clothing, personal hygiene and personal incidentals for each youth) and treatment services including evaluation and

treatment planning, skills development services and any other treatment services that are required in Section IV – Contractor Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, or medication management services by a MD. In general, academic/educational costs are not covered but should be negotiated with the local school district.

- C. Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available, without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the “residential absence” code for each day over two days if approved by the DHS/DJJS case manager. A “day of absence” is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An “episode” is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor’s daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.

- I. General Definition:** A unique **24** hour structured, group living program providing supervision, care and treatment services for emotionally and/or behaviorally disordered youth in a residential setting licensed by state, local, and/or federal agencies. The program provides an integration of therapies, activities and experiences that includes a comprehensive mental health evaluation, individual/family mental health therapy, group mental health therapy, skills development services, experiential learning and other rehabilitative services designed to improve the youth's functioning. This will promote trust and mutual support within the group, stimulate the growth of problem solving skills and impulse control, and enhance the youth's self-sufficiency and social skills, and foster positive interpersonal relationships. Therapeutic interventions are based on a written individualized treatment plan to improve the youth's social, behavioral and emotional functioning so that services of this intensity will no longer be needed.
- II. Population to be Served:**  
The program has the capacity to serve youth with moderate to severe emotional, behavioral, or similar disorders who require intensive behavioral treatment, structured therapeutic rehabilitative interventions and continuous monitoring. They may be aggressive, withdrawn or engage in antisocial acts and present a moderate risk of harm to self or others. They may have impaired reality testing and show deficits in social skills, cognition and communication.
- III. Contractor Qualifications:**
- A. The Contractor shall be licensed by the state to provide a Residential Treatment Youth Program and meet applicable local health, fire safety, building, business license and zoning requirements.
  - B. All persons employed or associated with the Contractor/licensee shall meet the requirements set forth for criminal background screening and the abuse background screening.
  - C. The Contractor shall be enrolled as a Medicaid Provider and agree to allow the Utah DHS/DJJS bill Medicaid, on their behalf, for the covered Medicaid diagnostic and rehabilitative services that are included in the rate paid by DHS/DJJS to the Contractor.
- IV. Contractor Capacity**
- A. The Contractor shall have the capacity to provide the following services directly to each youth in the program:  
A comprehensive mental health evaluation by a licensed mental health therapist within **two** weeks of admission to the program. If an evaluation was completed by a mental health therapist, prior to the youth's admission to the program, a licensed mental health therapist may update the prior evaluation.  
Review and update the mental health evaluation as needed based on any changes in the youth's condition.
    1. Individual/family mental health therapy by a licensed mental health therapist as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
    2. Group mental health therapy by a licensed mental health therapist as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
    3. Daily Skill Development and other rehabilitative services to assist the youth to develop competence in basic living skills, appropriate social, interpersonal and communication skills, compliance with medication regimes. Such services shall be provided by licensed or trained staff as indicated by the evaluation and directed by the licensed mental health therapist responsible for overseeing the youth's treatment plan.
  - B. Although not considered a direct part of the program, the Contractor shall have the capacity to arrange for the services listed below as indicated by the youth's evaluation or treatment plan and approved by the youth's DHS/DJJS case manager. Such services may be reimbursed by DHS/DJJS or Medicaid directly, if approved by DHS/DJJS, to the Contractor of the service if Medicaid requirements are met:
    1. Psychological evaluation by a licensed psychologist;
    2. Psychiatric evaluation and medication management by a licensed psychiatrist.
  - C. The Contractor shall arrange for each youth to attend an individualized accredited educational program that is coordinated with the local school district. If the program is not operated by the local school district, the Contractor shall insure that any educational credits received by the youth will be accepted by the local school district.
- V. Staffing Requirements**
- A. Clinical
    1. Clinical Oversight: The program shall employ or contract with **one** or more licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff. Whether employed or under contract, mental health therapist/s shall provide at least **three** hours of documented management, oversight, supervision, consultation and training per youth per month. (For example, if the average daily census in a given month is **three**, there shall be at least **nine** hours of documented service by **one** or more licensed mental health therapists for that month.);

2. Treatment Services: The program shall employ or contract with a number of mental health therapist/s to provide direct treatment services including comprehensive evaluation, Individual/family mental health therapy, group mental health therapy and skills development services to implement treatment plans and improve the youth's functioning and prevent regression. (Direct service hours by clinical staff may not be counted towards the required hours of management oversight required in item V-A-1 above.)
- B. Non-Clinical Staff;  
The program shall employ a number of well-trained direct care staff to assure there is adequate **24-hour** adult supervision of the youth at all times.

## VI. Staff to Youth Ratio

At a minimum, the program is required to have a **one to six** direct care staff to youth ratio at all times except night time sleeping hours when staff may be reduced. However, at least **two** awake direct-care staff is required. Not included in this ratio are teaching staff, case managers and administrative staff. If the program has a mixed gender population they shall have at least **one** male and **one** female on duty at all times. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.

## VII. Staff Training Requirements

- A. All Staff: The Contractor shall ensure that **all** staff (clinical, non-clinical, administrative staff, and volunteers) are trained and receive at a minimum the following training within the **first week** of employment:
  1. Orientation to the requirements of the contract;
  2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual's personnel file;
  3. Emergency response and evacuation procedures.
- B. Direct care staff (non-clinical staff) shall receive the following additional training prior to providing direct care or supervision to youth. All direct care staff shall receive a minimum of **25** hours of training in the following subjects in addition to topics listed in paragraph A above.
  1. Basic First Aid and CPR including certification;
  2. Basic child/adolescent behavior and development;
  3. If the facility provides services to sexual abuse victims or perpetrators, pre-service training shall include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, evaluation and treatment issues;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
  5. DHS/DJJS Community Residential Care Standards and Policy.
- C. Within the first **12** months of employment, an additional **25** hours of training in the following subject areas:
  1. Adolescent behavior management and discipline methods including specialized skill training in aggression management;
  2. Skills development services and documentation;
  3. Appropriate court and parole procedures;
  4. Other training as needed based on the program model and an evaluation of individual staff training needs.
- D. DHS/DJJS incident-report policy and documentation.  
Annually thereafter, an additional **30** hours of training based on an evaluation of individual staff training needs.
- E. All training shall be recorded as follows:
  1. Title of Training
  2. Name of the instructor
  3. Date and time
  4. Employee signature
- F. Prior training may be credited on an hour for hour basis provided there is written documentation of where, when, and who provided the training and that it was received within a period of **two** years prior to employment with the Contractor

## VIII. Evaluation and Treatment Planning

- A. **Evaluation:** Within **two** weeks of admission to the program, each youth shall have a current comprehensive mental health evaluation on file. If the evaluation is more than **30** days old or does not meet the following requirements, the Contractor shall conduct or arrange for a review and, when needed, a new evaluation. The evaluation shall contain the following:
  1. Developed and signed by a licensed mental health therapist after face to face contact with the youth and in consultation with the youth and other individuals who have knowledge of the youth;
  2. A history and evaluation of the youth's emotional and mental adjustment; social functioning (including social, interpersonal and communication skills); basic living skills; academic, educational/vocational status; mental and physical health status;
  3. A summary, diagnostic results, if applicable, and recommendations for treatment.
- B. **Treatment Plan**
  1. Based on the evaluation, an individualized written treatment plan shall be developed by a licensed mental health therapist;

2. The plan shall be developed within **one** month of the youth's admission into the program and include consultation with the youth, parents, legal guardians or others in whose care the youth will be released after discharge;
  3. At a minimum, the plan shall address the youth's strengths and needs in the following areas: emotional and mental adjustment, social functioning (including social, interpersonal and communication skills); basic living skills; academic educational/vocational; mental and physical health;
4. The plan shall include:
  - a. Individualized treatment objectives to address the youth's needs and prescribe an integrated program of therapies, activities and experiences to meet the objectives. Therapies, activities and experiences may include Individual/family mental health therapy, group mental health therapy, medication management, additional or on-going diagnostic services and/or skills development, recreational, occupational or other rehabilitative services designed to improve the youth's functioning;
  - b. A projected schedule for delivery of services including the expected frequency and duration of each type of planned therapeutic session or encounter;
  - c. The credentials of the individuals who will deliver the services;
  - d. Reasonable measures to evaluate whether the objectives are met;
  - e. Discharge criteria and, at the appropriate time, post discharge plans and coordination of residential services with related community services to ensure continuity of care with the youth's family (or others in whose care the youth will be released after discharge), school and community;
  - f. Signature of the licensed mental health therapist responsible for overseeing the treatment plan and evidence of approval of DHS/DJJS case manager.

**C. Review of the Treatment Plan**

1. The plan shall be reviewed and updated at least **quarterly** or more often as needed if there is a change in the youth's condition or status or as determined by the licensed mental health therapist responsible for overseeing the treatment program.
2. The review shall include an update of progress toward established treatment goals, the appropriateness of the services being furnished, and the need for the youth's continued participation in the program.
3. The licensed Clinician shall have face to face contact with the youth in order to complete the Treatment Plan Reviews. If the licensed Clinician has had only limited or no contact with the youth during the preceding **90** days, and therefore, does not have clinical information to evaluate the treatment prescription, then the youth shall be seen face to face to conduct the treatment plan review.

**IX. Documentation**

- A. Facility Administrative Records: The Contractor shall develop/maintain written documentation to support the following:
  1. Current license.
  2. Staff training and copies of applicable licensure.
  3. Records indicating regular supervision of all direct care staff by clinical staff.
  4. Weekly or daily program schedules indicating the routine and planned activities.
  5. Staff attendance and time sheets.
  6. Youth daily attendance and absences including reason for absence.
  7. Field incident reports.
  8. Any other documentation required in the contract to assure compliance with DHS/DJJS policy and billing requirements.
- B. Individual Youth Records: The Contractor shall develop and maintain sufficient written documentation to assure compliance with all Medicaid Diagnostic and Rehabilitative Mental Health Services provided by DHS Contractors documentation requirements including:
  1. Comprehensive mental health evaluation or psychiatric evaluations and any updates (See Section VIII-A).
  2. Treatment plan developed by a licensed mental health therapist (See Section VIII-B).
  3. Documentation that the licensed mental health therapist responsible for overseeing the youth's treatment plan has reviewed the treatment plan at least **quarterly** (See Section VIII-C).
  4. If providing psychiatric evaluations, psychological testing, or medication management service through a contract with DHS/DJJS, documentation shall be consistent with the contract standards established for those services.
  5. For all other services, for each treatment goal monthly notes summarizing progress toward treatment goals completed by the staff directly providing the service or the staff responsible for overseeing the implementation of the treatment goal. The notes will indicate the methodology and/or activity, frequency and duration of services provided.
  6. Youth specific incident reports.
  7. Any other documentation required by the contract to assure compliance with DHS/DJJS, Medicaid, policy and billing requirements.



**X. Rate**

- A. The Contractor shall be reimbursed on a fee for service basis at the current set daily rate.
- B. The daily rate includes reimbursement for room and board and intensive supervision (including an allotment for clothing, personal hygiene and personal incidentals for each youth) and treatment services including evaluation and treatment planning, skills development services and any other treatment services that are required in Section IV – Contractor Capacity. The daily rate does not include reimbursement for psychological evaluation services, psychiatric evaluation services, or medication management services by a MD. In general, academic/educational costs are not covered but should be negotiated with the local school district.
- C. Reimbursement for Youth Absences: The Contractor is required to hold the residential placement available, without additional reimbursement, for any youth who is absent from the program for two consecutive days or less per episode. If the absence exceeds two days per episode, the Contractor may be reimbursed using the “residential absence” code for each day over two days if approved by the DHS/DJJS case manager. A “day of absence” is defined as any day the youth is absent from the residential facility or treatment home and not under the direct care and supervision of the Contractor all 24 hours of the day. An “episode” is defined as any continuous period of absence of the youth from the facility or home. All absences and the reason for the absence must be documented on the Contractor’s daily attendance log submitted with the billing. If billing the residential absence code, the documentation shall also include the name of the DHS/DJJS staff authorizing reimbursement, the date of authorization and dates authorized for reimbursement.

**ATTACHMENT E  
NON-RESIDENTIAL SERVICE DEFINITIONS**

**A. Intensive Supervision**

**Code: YIS**

**I. General Definition**

This service means intensive **one-on-one** supervision provided by trained individuals for youth generally living in foster homes, their family home or independent living. Services include, but are not limited to, assisting the DHS/DJJS case manager with the assessment of needed services, linkage to community services such as therapy, educational/vocational programs, employment and recreational services, monitoring the quality and continued need for service, monitoring of behavior in the community, teaching of basic living skills, tutoring, advocacy, crisis intervention, and coordination with the natural parents/guardians/proctor parents.

If a circumstance arise where it is appropriate for more than **one** youth under the supervision of a single staff to be together for an activity, prior approval from the caseworker shall be obtained and billing shall be for **one** youth only or divided between the various youth. Intensive supervision shall not be provided by the person(s) with whom the youth is residing.

**II. Contractor Qualifications**

The Contractor must be licensed for out-patient treatment by the Utah Department of Human Services, Office of Licensing to provide intensive supervision.

All persons employed by the Contractor/licensee to provide intensive supervision services shall meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

Staff providing intensive supervision must meet the following requirements prior to employment:

1. Have a high school graduation diploma or Graduate Educational Diploma (GED) equivalent;
2. Have three written references from persons not related to the applicant;
3. Possess a valid drivers license which is reviewed annually by the agency;
4. Be twenty-**one** years of age or older.

**III. Training Requirements**

The Contractor must ensure that all staff providing intensive supervision services are trained and receive at least 25 hours of training prior to providing direct youth services. Prior training may be substituted for the items listed below on a hour-for-hour basis if documented and received within **two** years of employment. Training subjects shall include:

1. Orientation to the requirements of the contract;
2. Review of the Department of Human Services Code of Conduct which is then signed and placed in the individual s personnel file;
3. Emergency response and evacuation procedures;
4. Basic first aid and CPR including certification;
5. Emergency response and evacuation procedures;
6. Basic child/adolescent behavior and development;
7. If services are to be provided to sexual abuse victims or perpetrators, training must include sexual abuse victim/perpetrator specific related training including behavioral characteristics, family dynamics, assessment and treatment issues;
8. Appropriate Court and parole procedures and DHS/DJJS Community Program Standards and policy.
9. Other training as needed based on the program model and an assessment of individual staff training needs.

Within the first 12 months of employment, an additional 25 hours of training in the following subject areas:

1. Behavior management and discipline methods including specialized skill training in aggression management;
2. Parenting skills and skills development requirements;
3. Other training as needed based on the program model and an assessment of individual staff training needs.

Annually thereafter, an additional 30 hours of training based on an assessment of individual staff training needs.

**IV. Documentation**

Services are documented on daily log notes indicating date, duration of service and activities. Any other documentation required by DHS/DJJS contract to assure compliance with DHS/DJJS policy and billing requirements

**V. Rate**

The Contractor shall be reimbursed on a fee for service at the current set rate.

**I. General Definition**

This service is to identify the existence, nature, or extent of illness injury, or other health deviation for the purpose of determining the client's need for rehabilitative services and establishing written objectives for the provision of such services, as appropriate.

**II. Contractor Qualifications**

- A. A licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended:
  - 1. Licensed psychiatrist;
  - 2. Licensed psychologist;
  - 3. Licensed clinical social worker;
  - 4. Licensed advanced practice registered nurse;
  - 5. Licensed marriage and family therapist;
  - 6. Licensed professional counselor; or,
- B. An individual who is working within the scope of his or her certificate or license in accordance with Title 58, Utah Code Annotated 1953, as amended:
  - 1. Certified psychology resident working under the supervision of a licensed psychologist;
  - 2. Certified social worker working under the supervision of a licensed clinical social worker;
  - 3. Advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
  - 4. Certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist;
  - 5. Certified professional counselor working under the supervision of a licensed mental health professional.
- C. A student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated 1953, as amended, and because of enrollment in a qualified course, internship or practicum, under the supervision of qualified faculty. Students must also have in-house clinical supervision and oversight of all treatment services provided through the contract.
- D. Individuals identified below may participate as part of a multi-disciplinary team in the evaluation process by gathering the psychosocial data when working under the supervision of a licensed practitioner identified in section 1 or 2 above:
  - 1. licensed certified social worker;
  - 2. licensed social service worker;
  - 3. licensed registered nurse, or
  - 4. licensed practical nurse.They may also participate in the development of the treatment plan, but they may not independently diagnose or prescribe treatment.

**III. Additional Requirements**

- A. Knowledge of the requirements of the DHS/DJJS contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

**IV. Documentation**

At a minimum, the evaluation shall include: 1) date of service; 2) duration of service; 3) specific service rendered (i.e., mental health evaluation or assessment); 4) signature and title of individual who rendered the service; and 5) mental health or psychiatric evaluation report that includes diagnoses; and summary of recommended mental health treatment services. A re-evaluation shall include: 1) date of service; 2) duration of service; 3) specific service rendered (i.e., treatment plan review); signature and title of individual who rendered the service; and; 4) re-evaluation report that includes an update of progress toward established treatment goals, the appropriateness of the services being furnished, and the need for the client's continued participation in the program, and an updated treatment plan, as indicated.

**V. Rate**

The Contractor will be reimbursed on a fee for service basis. The periodic reevaluation of the client's treatment plan by a licensed mental health therapist may be billed only if the reevaluation is conducted during a face-to-face interview with the client.

**I. General Definition**

Skills development services means rehabilitative services provided to a group of individuals in a residential program, day treatment program or other appropriate setting to: (a) Assist individuals develop competence in basic living skills such as food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene and maintenance of the living environment; and to assist the individual in complying with their medication regime; and (b) assist individuals to develop social, interpersonal and communication skills and appropriate behaviors. This service must be prescribed by the licensed practitioner completing or updating the mental health evaluation. Interventions shall be based upon the evaluation. A ratio of no more than 12 clients per professional staff must be maintained during the entire program.

Note: Skills Development Services do not include: (1) Activities in which the Provider is not present and actively involved; (2) Activities in which the Provider performs activities for the client; (3) Personal care services such as performing grooming and personal hygiene tasks for the client; (4) Routine supervision of clients; (5) Meeting and counseling the client's family, legal guardians or significant others unless the services are directed exclusively to the clinical treatment of the client; (6) Routine transportation of clients; (7) Job training, job coaching, vocational and educational services; or (8) Routine completion of chores in a residential setting after the skill required to complete the chore has already been acquired.

**II. Contractor Qualifications**

- A. A licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended:
  - 1. Licensed psychiatrist;
  - 2. Licensed psychologist;
  - 3. Licensed clinical social worker;
  - 4. Licensed advanced practice registered nurse;
  - 5. Licensed marriage and family therapist;
  - 6. Licensed professional counselor; or,
- B. An individual who is working within the scope of his or her certificate or license in accordance with Title 58, Utah Code Annotated 1953, as amended:
  - 1. Certified psychology resident working under the supervision of a licensed psychologist;
  - 2. Certified social worker working under the supervision of a licensed clinical social worker;
  - 3. Advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
  - 4. Certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist;
  - 5. Certified professional counselor working under the supervision of a licensed mental health professional.
- C. A student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated 1953, as amended, and because of enrollment in a qualified course, internship or practicum, under the supervision of qualified faculty. Students must also have in-house clinical supervision and oversight of all treatment services provided through the contract.
- D. Licensed certified social worker;
- E. Licensed registered nurse;
- F. Licensed Social Service Worker;
- G. Individual certified or credentialed to provide rehabilitative services to children;
- H. Student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker;
- I. Student enrolled in a program leading to licensure as a registered nurse, working under the supervision of a registered nurse;
- J. Student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker or a licensed social service worker; or
- K. A licensed practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist, a licensed certified social worker, a licensed registered nurse, a licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children.

**III. Additional Requirements**

- A. Knowledge of the requirements of the DHS/DJJS contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

#### *IV. Documentation*

- A. Daily log documenting the date and duration of the service and activities provided.
- B. Monthly summary documenting the significant and specific activities in which the client participated and progress toward treatment. If more frequent summaries documenting progress toward treatment goals are written, the monthly summary is not also required.

If Skills Development treatment goals were met during the month as result of participation in the skills development program, then new individualized goals must be developed and added to the treatment plan.

- C. Any other documentation required by DHS/DJJS contract to assure compliance with DHS/DJJS policy and billing requirements.

#### *V. Rate*

The Contractor will be reimbursed on a fee for service basis.

**I. General Definition**

Individual/Family mental health therapy means face-to-face interventions with an individual client with a focus on improving the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan. The service must be prescribed by a licensed mental health therapist based on an evaluation of the client's needs. Individual mental health therapy may include collateral therapy provided to an immediate family member (e.g. parent or foster parent) in behalf of the client if the client is the focus of the therapy session.

**II. Contractor Qualifications**

- A. A licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended:
  - 1. Licensed psychiatrist;
  - 2. Licensed psychologist;
  - 3. Licensed clinical social worker;
  - 4. Licensed advanced practice registered nurse;
  - 5. Licensed marriage and family therapist;
  - 6. Licensed professional counselor; or,
- B. An individual who is working within the scope of his or her certificate or license in accordance with Title 58, Utah Code Annotated 1953, as amended:
  - 1. Certified psychology resident working under the supervision of a licensed psychologist;
  - 2. Certified social worker working under the supervision of a licensed clinical social worker;
  - 3. Advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
  - 4. Certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist;
  - 5. Certified professional counselor working under the supervision of a licensed mental health professional.
- C. A student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated 1953, as amended, and because of enrollment in a qualified course, internship or practicum, under the supervision of qualified faculty. Students must also have in-house clinical supervision and oversight of all treatment services provided through the contract.

**III. Additional Requirements**

- A. Knowledge of the requirements of the DHS/DJJS contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

**IV. Documentation**

- A. Documentation shall include for each session: 1) date of service; 2) duration of service; 3) specific service rendered; 4) treatment goal(s); 5) clinical note describing the client's progress toward treatment goal(s); and 6) signature and title of individual who rendered the services.
- B. Any other documentation required by the DHS/DJJS contract to assure compliance with DHS/DJJS policy and billing requirements

**V. Rate**

The Contractor will be reimbursed on a fee for service basis.

**I. General Definition**

Group mental health therapy is face-to-face interventions with two or more clients in the same session to improve the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan. Groups should not exceed 10 individuals unless a co-therapist is present. The service must be prescribed by a licensed mental health therapist based on an evaluation of the client's needs.

**II. Contractor Qualifications**

- A. A licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated 1953, as amended:
  - 1. Licensed psychiatrist;
  - 2. Licensed psychologist;
  - 3. Licensed clinical social worker;
  - 4. Licensed advanced practice registered nurse;
  - 5. Licensed marriage and family therapist;
  - 6. Licensed professional counselor; or,
- B. An individual who is working within the scope of his or her certificate or license in accordance with Title 58, Utah Code Annotated 1953, as amended:
  - 1. Certified psychology resident working under the supervision of a licensed psychologist;
  - 2. Certified social worker working under the supervision of a licensed clinical social worker;
  - 3. Advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
  - 4. Certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist;
  - 5. Certified professional counselor working under the supervision of a licensed mental health professional.
- C. A student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated 1953, as amended, and because of enrollment in a qualified course, internship or practicum, under the supervision of qualified faculty. Students must also have in-house clinical supervision and oversight of all treatment services provided through the contract.

**III. Additional Requirements**

- A. Knowledge of the requirements of the DHS/DJJS contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

**IV. Documentation**

- A. Documentation shall include: 1) date of service; 2) duration of service; 3) specific service rendered; 4) treatment goal(s); 5) monthly or per session clinical note describing the client's progress toward treatment goal(s); and 6) signature and title of individual who rendered the services.
- B. Any other documentation required by the DHS/DJJS contract to assure compliance with DHS/DJJS policy and billing requirements.

**V. Rate:**

The Contractor will be reimbursed on a fee for service basis.

**I. General Definition**

Psychological testing means administering, evaluating and submitting a written report of the results psychometric, diagnostic, projective or standardized IQ tests by a licensed psychologist or psychiatrist.

**II. Contractor Qualifications**

A licensed psychiatrist or licensed psychologist or psychology intern enrolled in a program leading to licensure or engaged in completion of clinical training after completion of the education, working under the supervision of a licensed psychologist. Master-level psychologists may administer psychological test to clients. However, such individuals may interpret tests only under the direct supervision of a licensed psychologist or psychiatrist. The supervising psychologist or psychiatrist must review the tests administered, actively participate in the interpretation process, review the written report, and countersign the written report.

**III. Additional Requirements**

- A. Knowledge of the requirements of the DHS/DJJS contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

**IV. Documentation**

- A. Documentation shall include: 1) dates of testing; 2) specific services rendered; 3) duration of the services; 4) signature and title of individual who rendered the services; and 5) written test reports which include a brief history; tests administered; test scores; evaluation of test results; current functioning of the examinee; diagnoses; prognosis; and specific treatment recommendations for health, mental health, educational, and social services.
- B. Any other documentation required by the DHS/DJJS contract to assure compliance with DHS/DJJS policy and billing requirements.

**V. Rate**

The Contractor will be reimbursed on a fee for service basis.



**I. General Definition**

A clinical evaluation by a licensed physician for purpose of evaluating the client's mental status and treatment needs. Services may include assessing the need for and prescribing psychotropic medications.

**II. Contractor Qualifications**

Licensed physician

**III. Additional Requirements**

- A. Knowledge of the requirements of the DHS/DJJS contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

**IV. Documentation**

- A. At a minimum, the evaluation shall include: 1) date of service; 2) duration of service; 3) specific service rendered (i.e., psychiatric evaluation or assessment); 4) signature and title of individual who rendered the service; and 5) evaluation report that includes diagnoses; and summary of recommended mental health treatment services
- B. Any other documentation required by the DHS/DJJS contract to assure compliance with DHS/DJJS policy and billing requirements.

**V. Rate**

The Contractor will be reimbursed on a fee for service basis.

**I. General Definition**

A service provided by a licensed physician or licensed advance practice registered nurse with prescriptive practice for purposes of prescribing, administering, monitoring or reviewing the client's medication and medication regime. The service may also include providing information to the client and DHS/DJJS staff regarding the medication regime and consultation with DHS/DJJS staff and Contractor as requested by DHS/DJJS.

**II. Contractor Qualifications**

Licensed physician or licensed advance practice registered nurse with prescriptive practice.

**III. Additional Requirements**

- A. Knowledge of the requirements of the DHS/DJJS contract;
- B. Review and sign off on the Department of Human Services Code of Conduct;
- C. Meet the requirements set forth for criminal background screening (per R501-14) and the abuse background screening (per R501-18).

**IV. Documentation**

- A. Medication order or copy of the prescription signed by the prescribing practitioner and clinical notes.
- B. Any other documentation required by the DHS/DJJS contract to assure compliance with DHS/DJJS policy and billing requirements.

**V. Rate**

The Contractor will be reimbursed on a fee for service basis.

**I. General Definition**

This service is a low and high challenge ropes course consisting of a configuration of ropes, cables, and equipment placed in trees or structures in such a way as to form a series of events that various groups may safely use. Participants are supported by or walk on the configurations. Goals of the activities would include but not be limited to: building teams, building groups, group cohesion, trust, communication skills, and self esteem. The service is planned and supervised by an individual licensed by Utah Department of Commerce, Division of Professional Licensing, as a TR or Master TR Specialist. Service content and implementation are reviewed monthly by the licensed recreational therapist for appropriate treatment utilization. Contractor is responsible to provide the facility and all capital equipment necessary for the program's operation, maintenance and safety of all equipment. A minimum of five and maximum of fifteen participants per group.

**II. Contractor Qualifications**

The service is planned and supervised by an individual licensed by Utah Department of Commerce, Division of Professional Licensing as a Therapeutic Recreation Specialist or Master Therapeutic Recreation Specialist. Contractor must be in compliance with safety standards set by the Association for Experiential Education.

**III. Additional Requirements**

- ⊗ Knowledge of the requirements of the DHS/DJJS contract;
- ⊗ Review and sign off on the Department of Human Services Code of Conduct;
- ⊗ Knowledge of appropriate court procedures;
- ⊗ Annual screening for BCI clearance and abuse registry check;
- ⊗ Other training as needed based on any identified special assessments skills.

**IV. Documentation**

A report identifying the date, length and type of each activity, the instructor and participants and appropriate billing information. Any other documentation required by DHS/DJJS contract to assure compliance with DHS/DJJS policy and billing requirements.

**V. Rate**

The Contractor shall be reimbursed on a fee for service at the current rate.

**ATTACHMENT F  
GENERAL EVALUATION SHEET  
COVER LETTER, TECHNICAL PROPOSAL, COST PROPOSAL AND APPENDIX**

Contractor \_\_\_\_\_ Evaluator \_\_\_\_\_ General Evaluation Score \_\_\_\_\_

**INSTRUCTIONS FOR SCORING:** The General Evaluation consists of four areas to be scored. The first section, Cover Letter is pass-fail. Some of the documentation items requested in the Cover letter will be located in the Appendix, section four. If the proposal does not meet the Cover Letter and requested Appendix criteria the proposal has failed and further evaluation of the remaining sections will cease.

**I. COVER LETTER**

1. Included name of person(s) authorized to represent the Offeror in any negotiations/signing of contract and name/address of current corporate officers of partners. Appendix contains a current organizational chart.  
yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ cover letter \_\_\_\_\_ appendix \_\_\_\_\_  
pass \_\_\_\_\_ fail \_\_\_\_\_  
Comments \_\_\_\_\_
2. Included statement of legal authority to operate in Utah or the state where the service is provided. Appendix contains:
  - a. Certified copies of certificate of incorporation or other duly issued authorization to legally do business including business license for each City/town where a service/facility is located.
  - b. Professional licensure for all employed and contracted employees.
  - c. DHS, OL licensure and/or other licensure required by law such as DOH, Health Facility Licensure.
  - d. Copy of W-9 that includes State Tax identification number.
  - e. Qualifications for 3<sup>rd</sup> party reimbursement.
  - f. Completed Conflict of Interest Disclosure Statement Form. Governmental entities have the option of submitting Conflict of Interest Certification.yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ cover letter \_\_\_\_\_ appendix \_\_\_\_\_  
pass \_\_\_\_\_ fail \_\_\_\_\_  
Comments \_\_\_\_\_
3. Identified location of business office, location of each proposed service/facility and intent for statewide or region specific services, planned licensure or current copy, and list of administrative staff.  
yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ cover letter \_\_\_\_\_ appendix \_\_\_\_\_  
pass \_\_\_\_\_ fail \_\_\_\_\_  
Comments \_\_\_\_\_
4. Included statement that Proposal meets all requirements of the RFP for proposed services, agrees to all Standard Terms and Conditions of a DHS service contract, and agreement to provide services at current rate.  
yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ cover letter \_\_\_\_\_ appendix \_\_\_\_\_  
pass \_\_\_\_\_ fail \_\_\_\_\_  
Comments \_\_\_\_\_
5. Included statement of financial/cost accounting system, name and address of accountant/qualified agency staff responsible for audit and cost profile information, if needed. Identified funds from sources other than DHS with a summary statement describing these funds. Appendix contains a financial statement, recent fiscal and other external programmatic audits or statement there are none.  
yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ cover letter \_\_\_\_\_ appendix \_\_\_\_\_  
pass \_\_\_\_\_ fail \_\_\_\_\_  
Comments \_\_\_\_\_
6. Identified any corrective action with DHS/DJJS within the last **two** fiscal years and submitted a statement describing the corrective action plan, resolution, and plan to prevent similar corrective actions.  
yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ cover letter \_\_\_\_\_ appendix \_\_\_\_\_  
pass \_\_\_\_\_ fail \_\_\_\_\_  
Comments \_\_\_\_\_
7. If offering services under the Medicaid Enhancement Program included a statement that they have:
  - a. Included summary statement copies of results of Medicaid audits completed within the last **two** fiscal years or there are none.
  - b. Obtained DHCF's current Medicaid Provider Manual" Diagnostic and Rehab MH by DHS Contractors and understand their obligations to perform these services.
  - c. Agree the Division shall collect Medicaid funding, they shall not bill DHCF directly for Diagnostic/Rehab. Mental Health Services.
  - d. Statement they understand that disallowances/non-compliance could result in contract termination and agree to repay the STATE for disallowances by DHS/DHCF when the disallowance is a result of:
    - ✓ Their failure to provide the claimed/billed service, or
    - ✓ Their failure to comply with the STATES written guidelines for the provision of Medicaid Enhancement services which are in effect at the time the services are rendered, or
    - ✓ Their failure to have a current Medicaid Provider Agreement with DHCF at the time services were rendered.yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ cover letter \_\_\_\_\_ appendix \_\_\_\_\_

pass \_\_\_\_\_ fail \_\_\_\_\_

Comments \_\_\_\_\_

8. Statement they agree to participate in the Division's Program Enhancement Process to track service delivery objectives and youth outcome objectives in order to improve services to youth.

yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ cover letter \_\_\_\_\_ appendix \_\_\_\_\_

pass \_\_\_\_\_ fail \_\_\_\_\_

Comments \_\_\_\_\_

9. An endorsement adding the State of Utah as an additional insured and the Certificate of Insurance showing compliance with the applicable insurance provisions of the DHS Service Contract. The insurance company must have an A.M. Best rating of at least A- or better and a class size rating of VII or larger. Documentation from the insurance company showing their rating must be attached to the proposal. (A current copy of the required insurance provisions is in the DHS Service Contract and may be obtained from DHS/DJJS). If the insurance and endorsement are not in place prior to the proposal due date a letter of intent to comply with the endorsement and insurance requirements must be attached to the proposal. However, the requested endorsement, rating information and certificate must be submitted prior to initiation of the contract.

yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ cover letter \_\_\_\_\_ appendix \_\_\_\_\_

pass \_\_\_\_\_ fail \_\_\_\_\_

Comments \_\_\_\_\_

10. Identify the remittance address for all contract payments if a contract is awarded.

yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ cover letter \_\_\_\_\_ appendix \_\_\_\_\_

pass \_\_\_\_\_ fail \_\_\_\_\_

Comments \_\_\_\_\_

## Section I Pass \_\_\_\_\_ Fail \_\_\_\_\_

If Proposal passed section I, move to section II for continued evaluation.

## II. TECHNICAL PROPOSAL:

To meet the minimum requirements of the RFP, eight out of nine items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

1. Included a written plan/documentation for compliance with DHS/Division standards, licensing, insurance requirements, and any local ordinances or permits governing proposed service(s) and identify responsible staff.

yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ appendix \_\_\_\_\_

Comments: \_\_\_\_\_

2. Medicaid Enhancement Program: Identified staff/experience and qualifications. Record keeping system and safe 5 year storage. DHS and agency training compliance. Plan for current Medicaid Provider Agreements with DHCF. (Give enhancement points for verification of a current agreement with DHCF).

yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ appendix \_\_\_\_\_

Comments: \_\_\_\_\_

3. Identified staff/system responsible for youth records, copies of required info filed in Division's traveling file and returned to the appropriate Regional Office in three working days of youth termination from service.

yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ appendix \_\_\_\_\_

Comments: \_\_\_\_\_

4. Plan ensuring staff with immediate access to Division youth, regardless of job duty, have NO unsupervised contact with Division youth PRIOR to:

a. Written clearance through BCI and Utah Child Protective Data Bases. Included plan for annual documented clearance.

b. Pre-service training regarding DHS's Contractor Code of Conduct.

yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ appendix \_\_\_\_\_

Comments: \_\_\_\_\_

5. Identified staffing plan/documentation for each proposed service:

a. Assurance direct care staff shall be a minimum of 21 years old

b. Annual copy of valid driver's license of staff who may transport youth in personnel file.

c. Job descriptions with required qualifications, licensure, certifications, related experience and specific job duties.

d. Included: Owners/administrators/supervisors working in the juvenile justice system/youth private Contractor system or relate filed in the past **two** years include a statement why they left the previous agency and written references from those specific previous supervisors. If not, an adequate written explanation.

e. Annual written performances plans/evaluations for direct care staff.

f. Proctor Services: Annual written performance plans/evaluations and **quarterly** written home inspections.

- g. Listed any additional consultant staff/qualification prior and related experience/training plan. Appendix contained copies of professional licensure and certifications.
- h. Included policy ensuring that owners/administrators/supervisors shall not work as line staff within the agency.  
yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ appendix \_\_\_\_\_

Comments: \_\_\_\_\_

6. Included plan for Quality Assurance which:
- a. Described internal evaluation system and responsible staff.
- b. Identified QA staff/system responsible for Medicaid Enhancement
- c. Included the agency's plan for outcomes measures.
- yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ appendix \_\_\_\_\_

Comments: \_\_\_\_\_

7. Included program designs for each proposed service and a process for screening, orientation and information flow with Division staff.

Included for residential care:

- a. Rights and responsibilities of program participants, for areas such as phone, grievance, confidentiality, home visits, visitors, clothing monthly allotment as included in rate.
- b. Safety, transportation, emergency management, natural disaster plan.

yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ appendix \_\_\_\_\_

Comments: \_\_\_\_\_

Included a plan to incorporate the Division's Mission Statement and OJJDP's Balanced and Restorative Justice project:

yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ appendix \_\_\_\_\_

Comments: \_\_\_\_\_

9. Utilize only for proposals which included programming for females, scoring shall not be compared with proposals not offering this service. Programming for females incorporated gender-specific programming and staff training which included:
- a. Space that is physically safe, removed from the attention of adolescent males, and removed from those who may depend on them.
- b. Programming that allows time to talk in the context of on-going relationships and encourages relationships with other women/female mentors rooted in the realities of the girl's own life. Provide opportunities for **networks** and support systems for appropriate support and interdependence.
- c. Education regarding how their bodies function.
- d. Social programming should contain elements at three levels, individual, relational, and community.
- e. A voice in the design, implementation and evaluation of the program to enhance benefits and relevance to them.

yes \_\_\_\_\_ no \_\_\_\_\_ pg \_\_\_\_\_ appendix \_\_\_\_\_

Comments: \_\_\_\_\_

### III. Written Cost Proposal:

Instructions: Pass if rate for service matches or are reasonably below current set rate for service. Fail any service that rate is higher than current set rate for services.

Pass \_\_\_\_\_ Fail \_\_\_\_\_

Comments: \_\_\_\_\_

### IV. Appendix:

Instructions: Only score areas not already scored in the Cover letter section. To meet the minimum requirements of the RFP, all items must be rated "yes". The rating system will be:

No: Non-responsive (not included) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

Did Appendix contain required documents?

yes \_\_\_\_\_ no \_\_\_\_\_ na \_\_\_\_\_ pg \_\_\_\_\_

Comments: \_\_\_\_\_

**ATTACHMENT G**  
**RESIDENTIAL EVALUATION SHEETS**  
**DHS/DJJS EVALUATION FORM FOR**  
**FAMILY BASED RESIDENTIAL (YFB) INDIVIDUAL RESIDENTIAL (YIR)**  
**INDEPENDENT LIVING RESIDENTIAL (YLR)**

Contractor\_\_\_\_\_ Evaluator\_\_\_\_\_ Pass\_\_\_\_\_ Fail\_\_\_\_\_

To meet the minimum requirements of the RFP, seven out of eight items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

1. Population. Offeror adequately described population to be served.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
2. Qualification. Provided documentation of DHS Child Placing censure, Residential Support treatment Facility, or Residential Treatment Facility licensure and for local health, fire safety, building, business and zoning. YFB must have **one** year experience as YIR.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
3. Capacity. Provided required staffing for mental health evaluation, and updates, skills development and to arrange for additional uncovered services when need.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
4. Staffing Requirements. Adequate clinical and non-clinical staff to provide required treatment services.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
5. Staff to Client Ratio. Adequate **24** hour staffing.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
6. Staff Training. Adequate required training plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
7. Evaluation and Treatment Planning. Adequate plan  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
8. Documentation. Adequate Documentation plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:

# DHS/DJJS EVALUATION FORM FOR INTENSIVE RESIDENTIAL TREATMENT SERVICES (YRC)

Contractor \_\_\_\_\_ Evaluator \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

To meet the minimum requirements of the RFP, seven out of eight items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

1. Population. Offeror adequately described population to be served.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
2. Qualification. Provided documentation of DHS, Residential Support Services or Residential Treatment Services licensure and for local health, fire safety, building, business and zoning.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
3. Capacity. Provided required staffing for mental health evaluation, and updates, skills development and to arrange for additional uncovered services when need.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
4. Staff requirements. Staff to provide:  
Clinical Oversight- licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff and an average of **five** hours of documented management, oversight, supervision, consultation and training per client per month. Treatment Services - licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation and skills development services to implement treatment plans to improve client's functioning and prevent regression.  
Facility Manager - The program must employ a facility manager who shall be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.  
Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24-hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
5. Staff Ratio. Staff to client ratio of **one** staff to **four** clients at all times except nighttime sleeping hours and staff on site for  
12. \_\_\_\_\_ availability and emergencies. Staffing pattern includes trained house parents and additional  
residential treatment staff or  
13. \_\_\_\_\_ residential staff. For gender specific populations, there shall be at least **one** staff member of that  
same gender working at all \_\_\_\_\_ times.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
6. Staff Training Requirements. Adequate required training plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
7. Evaluation and Treatment Planning. Adequate plan  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments: \_\_\_\_\_
8. Documentation. Adequate documentation plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:



## DHS/DJJS EVALUATION FORM FOR INTENSIVE TEACHING FAMILY MODEL (YTF)

Contractor \_\_\_\_\_ Evaluator \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

To meet the minimum requirements of the RFP, seven out of eight items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

1. Population. Offeror adequately described population to be served.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
2. Qualification. Provided documentation of a formal agreement with a Certified Teaching-Family Model Sponsor Site, and DHS, Residential Treatment Facility, or Intermediate Secure Treatment Services, or UDH Residential Treatment Services licensure and for local health, fire safety, building, business and zoning.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
3. Capacity. Staff to provide comprehensive mental health evaluation within **two** weeks of admission, individual and group therapy when indicated by the evaluation and skills development and other rehabilitative services. Daily management of the treatment by a Certified Teaching Family Model Consultant. Capacity to arrange for psychological psychiatric services when needed and individualized accredited educational programming.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
4. Staff requirements. Staff to provide:  
Clinical Oversight- licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff and an average of **five** hours of documented management, oversight, supervision, consultation and training per client per month. Clinical and Treatment Services - licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve client's functioning and prevent regression.  
Facility Manager - The program must employ a facility manager who shall be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.  
Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
5. Staff Ratio. Staff to client ratio of **one** staff (excluding clinical and support staff) to 4 clients at all times except nighttime sleeping hours. If there are both male and female clients, then **one** male and **one** female staff member must also be on duty at all times.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
6. Staff Training Requirements. Adequate required training plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
7. Evaluation and Treatment Planning. Adequate plan  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
8. Documentation. Adequate documentation plan including documentation specific to the Teaching Family model.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:

# DHS/DJJS EVALUATION FORM FOR INTENSIVE RESIDENTIAL TREATMENT SERVICES (YRM)

Contractor\_\_\_\_\_ Evaluator\_\_\_\_\_ Pass\_\_\_\_\_ Fail\_\_\_\_\_

To meet the minimum requirements of the RFP, seven out of eight items must be rated “yes”. If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

1. Population. Offeror adequately described population to be served.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
2. Qualification. Provided documentation of DHS, Residential Treatment Facility or Intermediate Secure Treatment Services or UDH Residential Treatment Services licensure and for local health, fire safety, building, business and zoning.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
3. Capacity. Staff to provide comprehensive mental health evaluation within **two** weeks of admission, individual and group therapy an average of **one** hour per week per client, unless otherwise indicated by the evaluation and skills development and other rehabilitative services. Capacity to arrange for psychological psychiatric services when needed and individualized accredited educational programming.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
4. Staff requirements. Staff to provide:  
Clinical Oversight- licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff and an average of **five** hours of documented management, oversight, supervision, consultation and training per client per month.  
Clinical and Treatment Services - licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve client’s functioning and prevent regression.  
Facility Manager - The program must employ a facility manager who shall be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor’s degree or equivalent combination of education and related experience.  
Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24 hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
5. Staff Ratio. Staff to client ratio of **one** staff (excluding clinical and support staff) to 4 clients at all times except nighttime sleeping hours. At least **two** awake direct-care staff on duty during nighttime sleeping hours. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
6. Staff Training Requirements. Adequate required training plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
7. Evaluation and Treatment Planning. Adequate plan  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
8. Documentation. Adequate Documentation plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:

# DHS/DJJS EVALUATION FORM FOR INTENSIVE RESIDENTIAL TREATMENT SERVICES (YPG)

Contractor\_\_\_\_\_ Evaluator\_\_\_\_\_ Pass\_\_\_\_\_ Fail\_\_\_\_\_

To meet the minimum requirements of the RFP, seven out of eight items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

1. Population. Offeror adequately described population to be served.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
2. Qualification. Provided documentation of DHS, Residential Treatment or Residential Support Services licensure and for local health, fire safety, building, business and zoning.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
3. Capacity. Staff to provide comprehensive mental health evaluation within **two** weeks of admission, individual and group therapy an average of **one** hour per week per client, unless otherwise indicated by the evaluation and skills development and other rehabilitative services. Capacity to arrange for psychological psychiatric services when needed and individualized accredited educational programming.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
4. Staff requirements. Staff to provide:  
Clinical Oversight- licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff and an average of **three** hours of documented management, oversight, supervision, consultation and training per client per month.  
Treatment Services - licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve client's functioning and prevent regression.  
Facility Manager - The program must employ a facility manager who shall be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.  
Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
5. Staff Ratio. Staff to client ratio of **one** staff to **four** clients at all times except nighttime sleeping hours and staff on site at all times clients are present for availability and emergencies. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
6. Staff Training Requirements. Adequate required training plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
7. Evaluation and Treatment Planning. Adequate plan and gender specific.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
8. Documentation. Adequate Documentation plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:

**DHS/DJJS EVALUATION FORM FOR:  
RESIDENTIAL TREATMENT SERVICES  
INTENSIVE RESIDENTIAL TREATMENT SERVICES, COGNITIVELY IMPAIRED (YLS)**

Contractor\_\_\_\_\_ Evaluator\_\_\_\_\_ Pass\_\_\_\_\_ Fail\_\_\_\_\_

To meet the minimum requirements of the RFP, seven out of eight items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

1. Population. Offeror adequately described population to be served.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
2. Qualification. Provided documentation of DHS, Residential Treatment Facility or Intermediate Secure Treatment Services or UDH Residential Treatment Services licensure and for local health, fire safety, building, business and zoning.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
3. Capacity. Staff to provide comprehensive mental health evaluation within **two** weeks of admission, individual and group therapy, unless otherwise indicated by the evaluation and skills development and other rehabilitative services. (**YLS** requires **one** individual and on group per week). Capacity to arrange for psychological psychiatric services when needed and individualized accredited educational programming.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
4. Staff requirements. Staff to provide:  
Clinical Oversight- licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff and an average of **five** hours of documented management, oversight, supervision, consultation and training per client per month.  
Clinical and Treatment Services - licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve client's functioning and prevent regression.  
Facility Manager - The program must employ a facility manager who shall be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.  
Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
5. Staff Ratio. Staff to client ratio of **one** staff to 3 clients at all times except nighttime sleeping hours. At least **two** awake direct-care staff on duty during nighttime sleeping hours. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
6. Staff Training Requirements. Adequate required training plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
7. Evaluation and Treatment Planning. Adequate plan  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
8. Documentation. Adequate Documentation plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:

# DHS/DJJS EVALUATION FORM FOR INTENSIVE RESIDENTIAL TREATMENT SERVICES (YPR)

Contractor\_\_\_\_\_ Evaluator\_\_\_\_\_ Pass\_\_\_\_\_ Fail\_\_\_\_\_

To meet the minimum requirements of the RFP, seven out of eight items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

1. Population. Offeror adequately described population to be served.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
2. Qualification. Provided documentation of Residential Treatment Facility or Intermediate Secure Treatment Services or UDH Residential Treatment Services licensure and accredited as a Residential Treatment Facility by JCAHO. Also local health, fire safety, building, business and zoning.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
3. Capacity. Staff to provide comprehensive mental health evaluation within **two** weeks of admission, individual and group therapy an average of **two** hour per week per client, unless otherwise indicated by the evaluation and skills development and other rehabilitative services. Capacity for psychological psychiatric services when needed and individualized accredited educational programming.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
4. Staff requirements. Staff to provide:  
Clinical Oversight- licensed child psychiatrist and mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff and an average of **ten** hours of documented management, oversight, supervision, consultation and training per client per month.  
Clinical and Treatment Services - licensed mental health therapists, recreational therapist, R.N., nursing staff, CSW, and psychologist to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve client's functioning and prevent regression.  
Facility Manager - The program must employ a facility manager who shall be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.  
Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
5. Staff Ratio. Staff to client ratio of **one** staff (excluding clinical and support staff) to 4 clients at all times except nighttime sleeping hours. At least **two** awake direct-care staff on duty during nighttime sleeping hours. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
6. Staff Training Requirements. Adequate required training plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
7. Evaluation and Treatment Planning. Adequate plan  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
8. Documentation. Adequate documentation plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:

## DHS/DJJS EVALUATION FORM FOR INTENSIVE RESIDENTIAL TREATMENT SERVICES (YST)

Contractor \_\_\_\_\_ Evaluator \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

To meet the minimum requirements of the RFP, seven out of eight items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

1. Population. Offeror adequately described population to be served.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
2. Qualification. Provided documentation of meeting standards for a level six program as specified by NOJOS, DHS, Residential Treatment Facility or Intermediate Secure Treatment Services or UDH Residential Treatment Services licensure and for local health, fire safety, building, business and zoning.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
3. Capacity. Staff to provide comprehensive mental health evaluation within **two** weeks of admission, individual therapy an average of **one to four** hour per week and group therapy **four to ten** per client, unless otherwise indicated by the evaluation and skills development and other rehabilitative services. Capacity to arrange for psychological psychiatric services when needed and individualized accredited educational programming.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
4. Staff requirements. Staff to provide:  
Clinical Oversight- licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff and an average of **five** hours of documented management, oversight, supervision, consultation and training per client per month.  
Clinical and Treatment Services - licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve client's functioning and prevent regression.  
Facility Manager - The program must employ a facility manager who shall be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.  
Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
5. Staff Ratio. Staff to client ratio of **one** staff to **three** clients at all times except nighttime sleeping hours. At least **two** awake direct-care staff or ratio of **one to five** on duty during nighttime sleeping hours. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
6. Staff Training Requirements. Adequate required training plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
7. Evaluation and Treatment Planning. Adequate plan  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
8. Documentation. Adequate Documentation plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:

## DHS/DJJS EVALUATION FORM FOR OUTDOOR IMPACT (YOI)

Contractor \_\_\_\_\_ Evaluator \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

To meet the minimum requirements of the RFP, seven out of eight items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

1. Population. Offeror adequately described population to be served.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
2. Qualification. Provided documentation of DHS, Outdoor Impact licensure and for local health, fire safety, building, business and zoning.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
3. Capacity. Staff to provide comprehensive mental health evaluation within **two** weeks of admission group therapy an average of **one** hour per week per client, unless otherwise indicated by the evaluation, and skills development and other rehabilitative services. Capacity to arrange for psychological psychiatric services when needed and individualized accredited educational programming.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
4. Staff requirements. Staff to provide:  
Clinical Oversight- licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff and an average of **three** hours of documented management, oversight, supervision, consultation and training per client per month.  
Clinical and Treatment Services - licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation, group therapy and skills development services to implement treatment plans to improve client's functioning and prevent regression.  
Facility Manager - The program must employ a facility manager who shall be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.  
Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours and weekends.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
5. Staff Ratio. Staff to client ratio of **one** staff (excluding clinical and support staff) to 4 clients at all times except nighttime sleeping hours. Awake direct-care staff may be required during nighttime sleeping hours. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
6. Staff Training Requirements. Adequate required training plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
7. Evaluation and Treatment Planning. Adequate plan  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
8. Documentation. Adequate Documentation plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:

## DHS/DJJS EVALUATION FORM FOR POSITIVE PEER (YPP)

Contractor \_\_\_\_\_ Evaluator \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

To meet the minimum requirements of the RFP, seven out of eight items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

1. Population. Offeror adequately described population to be served.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
2. Qualification. Provided documentation of Residential Treatment Facility or Intermediate Secure Treatment Services or UDH Residential Treatment Services licensure and for local health, fire safety, building, business and zoning.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
3. Capacity. Staff to provide comprehensive mental health evaluation within **two** weeks of admission, individual and group therapy when indicated by the evaluation and skills development and other rehabilitative services. Capacity to arrange for psychological and psychiatric services when needed and individualized accredited educational programming.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
4. Staff requirements. Staff to provide:  
Clinical Oversight- licensed mental health therapist/s to provide management and oversight of the treatment program, ongoing clinical supervision, consultation and training to all direct care staff and an average of **three** hours of documented management, oversight, supervision, consultation and training per client per month.  
Clinical and Treatment Services - licensed mental health therapists to provide direct treatment services to clients including a comprehensive evaluation, individual therapy, group therapy and skills development services to implement treatment plans to improve client's functioning and prevent regression.  
Facility Manager - The program must employ a facility manager who shall be responsible for the day-to-day supervision of the residents and the operation of the facility. At a minimum, the facility manager must have a Bachelor's degree or equivalent combination of education and related experience.  
Other Non-Clinical Direct Care Staff - The program must employ a sufficient number of well-trained direct care staff to assure there is adequate 24- hour supervision of the residents during the day, night time sleeping hours, weekends, and school hours.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
5. Staff Ratio. Staff to client ratio of **one** staff (excluding clinical and support staff) to **six** clients at all times except nighttime sleeping hours. At least **two** awake direct-care staff on duty during nighttime sleeping hours. For gender specific populations, there shall be at least **one** staff member of that same gender working at all times.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
6. Staff Training Requirements. Adequate required training plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
7. Evaluation and Treatment Planning. Adequate plan  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:
8. Documentation. Adequate Documentation plan.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments:



**ATTACHMENT H**  
**NON-RESIDENTIAL EVALUATION SHEETS**  
**DHS/DJJS EVALUATION FORM FOR:**  
**MEDICAID MENTAL HEALTH EVALUATION (MCA)**  
**INDIVIDUAL AND FAMILY MENTAL HEALTH THERAPY (YFC)**  
**GROUP MENTAL HEALTH THERAPY (YGT)**  
**PSYCHOLOGICAL TESTING (YXE)**  
**PSYCHIATRIC EVALUATION (YPE)**  
**MEDICATION MANAGEMENT (YMM)**

Contractor \_\_\_\_\_ Evaluator \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

To meet the minimum requirements of the RFP, all items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

- 1 Qualification. Provided documentation of appropriate licensure for proposed service(s) in accordance with Title 58 UCA.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments: \_\_\_\_\_
- 2 Additional Requirements. Knowledge of Division contract requirements, sign off on DHS Code of Conduct, knowledge specific to court and parole procedures, BCI clearance. For additional training specific to proposed services, current experience in the juvenile justice system.,  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments: \_\_\_\_\_
3. Documentation. Knowledge of and examples of clinical notes, evaluations, reports, any other documentation required by the Division to meet best practice/Medicaid enhancement program  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments: \_\_\_\_\_

## DHS/DJJS EVALUATION FORM FOR SKILLS DEVELOPMENT SERVICES (SDS)

Contractor \_\_\_\_\_ Evaluator \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

To meet the minimum requirements of the RFP, all items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

- 1 Qualification. Provided documentation of appropriate licensure for proposed service(s) in accordance with Title 58 UCA.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments: \_\_\_\_\_
- 2 Supervision Requirements for Group Skills Development Services. Provided documentation that practitioners shall provide the SDS directly, or be available to provide consultation and supervision. **Quarterly** review of the group-skills development program as identified.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments: \_\_\_\_\_
3. Additional Requirements. Knowledge of Division contract requirements, sign off on DHS Code of Conduct, knowledge specific to court and parole procedures, BCI clearance.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Comments: \_\_\_\_\_
4. Documentation. Documentation of daily logs, monthly summaries, and any other documentation required by the Division to meet best practice/Medicaid enhancement program.  
yes\_\_\_ no\_\_\_ pg\_\_\_  
Points\_\_\_ Enhanced Points\_\_\_ Total Points  
Comments: \_\_\_\_\_

## DHS/DJJS EVALUATION FORM FOR INTENSIVE SUPERVISION (YIS)

Contractor \_\_\_\_\_ Evaluator \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

To meet the minimum requirements of the RFP, all items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

- 1 Qualification. Provided documentation of DHS licensure for out-patient treatment. Staff met following qualifications: GED or high school graduate, three written references from none related persons, valid drivers license, 21 years or older.

yes\_\_\_ no\_\_\_ pg\_\_\_

Comments: \_\_\_\_\_

- 2 Met training requirements in technical proposal.

yes\_\_\_ no\_\_\_ pg\_\_\_

Comments: \_\_\_\_\_

3. Additional Requirements. Knowledge of Division contract requirements, sign off on DHS Code of Conduct, knowledge specific to court and parole procedures, BCI clearance.

yes\_\_\_ no\_\_\_ pg\_\_\_

Comments: \_\_\_\_\_

4. Documentation. Adequate training plan. Documentation of daily logs notes indicating date, duration of service and activities and, monthly summaries, and any other documentation required by the Division to meet best practice/Medicaid enhancement program.

yes\_\_\_ no\_\_\_ pg\_\_\_

Comments: \_\_\_\_\_

## DHS/DJJS EVALUATION FORM FOR ROPES COURSE (YRP)

Contractor \_\_\_\_\_ Evaluator \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

To meet the minimum requirements of the RFP, all items must be rated "yes". If an item does not pass, indicate specific reasons in the comments section. Apply the criteria described under each item using the following rating system:

No: Non-responsive (not addressed in proposal) or fails to meet minimum standards

Yes: Acceptable, meets minimum requirements of RFP.

- 1 Qualification. Provided documentation that service is supervised by an individual(s) licensed by Utah Department of Commerce, Division of Professional Licensing as a Therapeutic Recreation Specialist or Master Recreation Specialist. Contractor must be in compliance with safety standards set by the Association for Experiential Education.

yes\_\_\_ no\_\_\_ pg\_\_\_

Comments: \_\_\_\_\_

### Additional Requirements.

Goal of activities include building teams, building groups, group cohesion, trust, communication skills, and self esteem.

Service content and implementation are reviewed monthly by the licensed recreational therapist for appropriate treatment utilization.

Contractor has capacity to provide the facility and all capital equipment necessary for the program's operation and maintenance and safety of all equipment.

A minimum of five and maximum of 15 participants per group.

Knowledge of Division contract requirements

Sign off on DHS Code of Conduct

Knowledge specific to court and parole procedures

yes\_\_\_ no\_\_\_ pg\_\_\_

Comments: \_\_\_\_\_

3. Documentation/ A report identifying the date, length and type of each activities, the instructor and participants and appropriate billing information and any other documentation required by the Division.

yes\_\_\_ no\_\_\_ pg\_\_\_

Comments: \_\_\_\_\_